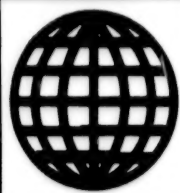


JPRS-TEP-94-011
25 July 1994



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JPRS Report

Epidemiology

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Epidemiology

JPRS-TEP-94-011

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WHO Reports 23 Percent Fall in Leprosy Cases

AU2005165594 Paris AFP in English
1603 GMT 20 May 94

[Text] Geneva, May 20 (AFP)—The number of leprosy cases worldwide is expected to fall to an all-time record low of 2.4 million this year, 23 percent less than in 1993, the World Health Organisation (WHO) said Friday [20 May].

The WHO said in a statement that it hoped to eradicate the illness by the end of the century. Last year's 3.1 million cases showed considerable improvement in preventing the disease when compared with the 5.5 million figure of 1991.

The UN agency said the drop appeared to follow the introduction of polychemotherapy in the 1980s in the main regions hit by the disease, India, Africa, Brazil, Bangladesh and Indonesia.

Insulin Shortages; Danes Withdraw Funds; Algerians Renege on Investment

94WE0250A Algiers EL WATAN in French
29 Mar 94 pp 1, 3

[Article by Zineb Oubouchou: "The Novo-Nordisk Laboratory Decides To Repatriate Its Funds: Diabetics' Anger Over Insulin Shortage"—first paragraph is EL WATAN introduction]

[Text] After coming up against numerous roadblocks with various Algerian financial and administrative institutions, Novo-Nordisk, the Danish insulin-producing laboratory, has decided to repatriate its investment funds, valued at close to 1.5 billion French francs.

In a fax dated 25 March 1994 addressed to the director of the Foreign Bank of Algeria, the administrators of Novo-Nordisk, the world's top producer of insulin, requested the transfer of their account. In this exchange, the Danes said that the motivation for their decision was the fact that "Algerians do not want to follow up on an investment project" to produce insulin.

After having deposited the amount in question in December 1992 to set up an SEM (mixed economy company) with the three branches of the National Pharmaceutical Company [ENAPHARM] (East, West, Center), this partnership project was supposed to start up by supplying first the domestic, then the African, market with insulin and derived products as well as building a production factory.

Several bureaucratic problems were reported to have arisen subsequently and the construction project for the

above mentioned factory has been halted although the approval of the Currency and Credit Council was given "with difficulty."

According to a statement by one of its directors, Novo-Nordisk was reduced to "distributing insulin for free to those who requested it, such as associations of diabetics. In three months, we distributed 3,000 doses of insulin and derived products. The copies of the prescriptions, which we kept for ourselves, are proof of this."

What explanation is there for the fact that at the same time there is a crying shortage of insulin and derived products on the domestic market, private investors with an international reputation for producing the drugs in question cannot set up owing to numerous bureaucratic obstacles they encounter with the Algerian agency in charge of this sector?

Furthermore, it needs to be said that thousands of Algerians suffer not only from their chronic illness, diabetes, but also from the shortage of insulin, syringes, and pistons.

Indeed, if this ENAPHARM employee, who insisted on remaining anonymous, is to be believed, the alarm has sounded.

"One month from now, there won't be any more insulin on the market," he warned, going on to add that "certain dispensaries and ENAPHARM outlets are not even abiding by the terms that require them to have a stock of a quantity of drugs necessary to supply patients for a three-month period."

This dramatic condition has not left the leaders of the National Federation of Associations of Diabetics unconcerned.

To this end, they expect to organize a rally of two million diabetics in front of the Health Ministry in the next few days if that ministry does not take the necessary measures.

One diabetic told us that "during this big sit-in, the two million patients are ready, at the risk of their lives, to cause a mass hypoglycemic shock, which is the only way," he explained, "to draw the attention of those in charge of the Health [Ministry]."

Whatever the circumstances, how does the Health Ministry hope to explain how, when thousands of patients are suffering from a complete lack of drugs on the domestic market, companies having invested millions in hard currency to set up factories to produce the drugs are in the process of "throwing in the towel" because of "paperwork" problems? It should be said that the situation is critical and that thousands of patients who are insulin-dependent are threatened with death.

REGIONAL AFFAIRS

West/Central/East Africa Health Reports 9-18 May

AB1805133694

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas. Source information is given in parentheses after each item.

Burundi

Cholera—A fresh outbreak of cholera has been reported on the outskirts of Bujumbura, Burundi's capital. A Health Ministry spokesman said on 17 May that 50 cases of cholera, resulting in two deaths, had been reported at Buyenzi. He said the outbreak was at a school in Buyenzi originally meant for 300 pupils, but now sheltering 2,000 people displaced by Burundi's unrest.

The spokesman said the outbreak of cholera in various parts of Bujumbura had given the disease epidemic proportions. Sources in the city have attributed the disease to overcrowding in camps with inadequate running water and latrines. The spokesman said, however, that the situation was under control and that there were adequate drugs available to check the disease. He said medical staff in the city were also experienced in handling cholera, following a similar outbreak of the disease in 1978. The Prince Regent Charles Hospital, the (?biggest) in the capital, has meanwhile vacated entire wards to accommodate people with cholera. The spokesman said a media campaign to advise residents on how to control the disease had been launched. (Nairobi KNA in English 1530 GMT 17 May 94)

Chad

Measles—Reports from Ndjamenia say a measles epidemic in eastern Chad has killed 451 people, mostly children, in the past two days. Two health (?officers) are reported to be battling alone to contain the epidemic. A measles-control vaccination campaign began in the country in 1989. (Lagos Radio Nigeria Network in English 1800 GMT 11 May 94)

Cote d'Ivoire

Diarrhea—Many cases of diarrhea have been reported in the Bouake Region. This situation, lasting more than two months now, is so serious that 16 people have already died at the regional hospital. Three hundred and sixty other cases have been recorded. According to Pierre Traye Bi Youan, head of the Public Hygiene Institute Division, if nothing is done within one or two months there might be an epidemic of cholera in the northern region. To prevent such an epidemic, the regional authorities have launched an awareness campaign.

The first case of diarrhea, due to use of poor quality water, was reported in M'Bahikro, a village near Bouake, early this month. Today almost all the wards of the

regional capital are affected. Dar-Es-Salam, Djamourou, and Sokoura wards are the worst hit. The patients are from various ethnic groups, namely 165 Malinkes, 87 Baoules, and 106 belonging to various other ethnic groups. It is believed that those figures are higher since many people prefer not to go to a hospital for treatment. (Abidjan Fraternite Matin in French 11-12 May 94 p 9)

Ghana

Leprosy—A member of the Council of State, Dr. Mary Grant, has cautioned that leprosy is likely to increase in number and severity unless the spread of HIV infection is stopped. This, she said, is because the HIV infection behaves in the same way as leprosy and tuberculosis. Dr. Grant was speaking at the relaunching of the Ghana Leprosy Relief Association in Accra today. She added that despite the existing facilities at the hospitals, leprosy continues to be a serious health problem. Dr. Grant then mentioned awareness among the populace and the diagnosing of leprosy by all health workers as the only way to reduce, if not eliminate, the disease. This, Dr. Mary Grant said, will require health workers to be trained and armed with appropriate tools. Mrs. Ama Benyiwa-Doe, the deputy minister of employment and social welfare, said the government has increased from (?300) to 600 cedis the allowance for lepers. She said the eradication of the disease needs the concerted efforts of government, nongovernmental organizations, religious bodies, and philanthropists. (Accra Ghana Broadcasting Corporation Radio Network in English 1800 GMT 11 May 94)

Kenya

Cholera—Mandera town has been hit by a cholera outbreak and 24 people have already been hospitalized at the Mandera District Hospital. The district medical officer of health, Dr. Ahmad Hasan told the Kenya news agency yesterday that an average of 10 people were getting admitted to the hospital since 13 May complaining of vomiting and severe diarrhea. Dr. Hasan said that samples which were sent to Amref laboratories in Nairobi were found to be cholera positive. He said that at least six people have died in the town in the last month after showing symptoms similar to those of cholera. Dr. Hasan said he had set up a cholera control team which was moving around advising the citizens on ways of preventing the epidemic. (Nairobi Kenya Broadcasting Corporation Radio in English 0600 GMT 18 May 94)

Malawi

Cholera—The district health inspector for Chitipa, Mr. Ketwin Kondowe, has reported an outbreak of cholera in the district. In an interview with the Malawi news agency, Mr. Kondowe said so far 26 cases have been reported from areas of Upiyu and Kapenda along the Songwe River on the border with Tanzania. He said five deaths resulting from the cholera outbreak have occurred. (Blantyre Malawi Broadcasting Corporation Network in English 0500 GMT 17 May 94)

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Nigeria

TB/river blindness programs—The World Health Organization and other donor agencies have agreed to increase their support for the implementation of Nigeria's tuberculosis eradication program. The country is also to enjoy similar assistance from the 10-year commonwealth program of action for river blindness. This followed Nigeria's request with the assembly of world health ministers and experts going on in Geneva, Switzerland. The minister of health and human services, Dr. Ellaji Tafida, has drawn the attention of the assembly to the increasing number of tuberculosis cases in Nigeria as a result of the general weakening of the immune system. (Lagos Radio Nigeria Network in English 2100 GMT 12 May 94)

Uganda

Sleeping sickness—Arua District Resistance Council has declared several parishes in the northern part of the district sleeping sickness disaster areas and has appealed to the government and the international community to assist in eradicating the tsetse flies which transmit the disease. The District Resistance Council's three-day general session which ended on 29 April heard from the district medical officer that there are now up to 220 sleeping sickness patients, from 57 patients in 1992, and that the disease is spreading. The disaster stricken areas are in parts of Terego, Aringa, Madi and Maracha counties. The district medical officer reported that not much is being done to eradicate the disease apart from treating patients who report voluntarily. He also said there was a drug shortage. He further said he had contacted Medecines sans Frontieres, a French medical team, in Moyo District to extend their sleeping sickness control program to Arua, which they are considering for next year to cover the whole of West Nile. The District Resistance Council resolved that the affected areas be declared disaster areas and called for speedy local initiative including making tsetse fly traps. (Kampala Radio Uganda in English 1000 GMT 9 May 94)

West/Central/East Africa Health Reports 7-28 June

AB2906144894

[Editorial Report] The following is a compilation of disease reports monitored from FBIS Abidjan Bureau and EAU coverage areas from 7-28 June. Source information is given in parentheses after each item.

Ghana

TB—Tuberculosis is on the increase in the country. To this end, the government, in conjunction with the WHO and the Danish International Development Agency, has launched a national tuberculosis program. A standardized case study and a standardized course in chemotherapy will be part of the program. (Accra Ghana Broadcasting Corporation Radio Network in English 1300 GMT 7 Jun 94)

AIDS—A two-day workshop on AIDS has been held by the Ministry of Health. More than 2,300 cases have so far been reported in the country. The 20-49-year-old age group makes up 80 percent of the total figure. The government has initiated a national AIDS control program and a five-year medium-term AIDS prevention and control measure to check the spread of the disease. (Accra Ghana Broadcasting Corporation Radio Network in English 1300 GMT 21 Jun 94)

ERITREA

AIDS—The number of AIDS' patients in Eritrea is increasing. The AIDS control department revealed that there are 930 AIDS patients in Eritrea. Out of the above figure, 112 patients were found in Aseb in the last six months. The 930 patients, 70 percent of whom are youngsters, are aged between 15 and 39. The AIDS control department has urged the youngsters to be more cautious. (Asmara Voice of the Broad Masses of Eritrea in Tigrinya 0400 GMT 25 Jun 94)

Ethiopia

AIDS/HIV—The number of AIDS sufferers in Ethiopia has reached 12,402, according to the ETHIOPIAN NEWS AGENCY quoting a Health Ministry magazine called OUR HEALTH. The report says that 7,379 of the patients are men while the rest are women. The number of HIV virus carriers is reported to be 611,610. (Addis Ababa Voice of Ethiopia Network in Amharic 1000 GMT 16 Jun 94)

Malaria—The Gonder zonal health department has reported that 47 people have died of malaria in Daruma town over a period of one month. The zonal health department reported that it sent a medical team including laboratory technicians to the area in response to the letter it received from the town's district and health center. The team has given medical treatment to 631 patients affected by the malaria epidemic and sprayed DDT in 1,478 residential houses. (Addis Ababa Voice of Ethiopia in English to Neighboring Countries 1530 GMT 28 Jun 94)

Madagascar

AIDS—Health Minister Andriambao Damasy on 16 June disclosed that the number of Malagasy AIDS virus carriers has now reached 68, with 12 people actually affected by the disease. This was contained in his annual report to parliament at Tsimbazaza Palace, Antananarivo, on 16 June. (Antananarivo Television Nationale Malagasy Network in Malagasy 1600 GMT 16 Jun 94)

Tanzania

Diarrhea/dysentery—Kagera Regional Commissioner Philip Mangula has reported that 36 Rwandan refugees died in refugee camps in Kagera region after the outbreak of diarrhea and dysentery in the camps. Mr. Mangula said 19 refugees died on 19 June followed by 17

others on 20 June. He said the scarcity of medicine in the camps has largely contributed to the death toll. (Dar es Salaam Radio Tanzania Network in Swahili 1700 GMT 23 Jun 94)

Southern Africa Health Reports 9-15 May

MB1605070794

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 9 to 15 May concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.

ANGOLA

Diarrhea/Measles—"At least 300 persons, including old people and children, died in displaced people's centers in Ganda, Cubal District, in April as a result of an outbreak of acute diarrhea and measles which has hit the area. Cubal District Administrator Aurelio Cazila told the ANGOLAN PRESS AGENCY that the main causes of the deaths are malnutrition and lack of adequate health care. Sources close to the local administration say that because of this, about seven people are dying in the area every day." (Luanda Radio Nacional Network in Portuguese 0600 GMT 13 May 94)

SWAZILAND

Newcastle's Disease—Some 7,000 chickens are reported to have died in an outbreak of Newcastle's Disease that has affected all areas of Swaziland. The director of veterinary services has invoked emergency regulations, including the confining of chickens and restrictions on their sale. (Mbabane THE TIMES OF SWAZILAND in English 11 May pp 1, 32)

AIDS—"The Swazi National AIDS and Prevention Program says 32 cases of AIDS were reported during the first three months of this year. This brings the total number of AIDS cases to 445 from March 1994. The reported cases show a large number of females infected. Of the 32 cases reported, six were males and 26 were females." (Mbabane Swaziland Television in English 1730 GMT 11 May 94)

ZAMBIA

AIDS—"Zambia says 250,000 people will die of AIDS over the next four years. The disease will also cause 320,000 orphans. The Ministry of Health says unless measures are taken to prevent the spread of the disease about 700,000 Zambians will be infected with HIV virus in the next five years." (Maputo Radio Mozambique Network in Portuguese 1030 GMT 9 May 94)

ZIMBABWE

Malaria—"At least 307 Zimbabweans have died from malaria since the beginning of the year, Health and Child Welfare Ministry Chief Disease Control Officer Ignatius

Mawunga said on 10 May. Mr Mawunga told the ZIANA news agency that the figure, based on reports from selected centres, was estimated to be only half of the real total. Malaria is one of the major public health problems in Zimbabwe. "In 1994, from January to the present, 128,843 clinical malaria cases and 307 deaths were reported. This is based on a weekly reporting system from selected health centres. The figures are estimated to be only 50 percent of the actual cases and deaths due to malaria, observed in all health facilities," said Mr Mawunga. Malaria is among the top 10 causes of out-patient care at Zimbabwe's hospitals and clinics. It is estimated that of Zimbabwe's 10.4 million people, 4 million live in districts where malaria occurs. (Johannesburg SAPA English 1041 GMT on 10 May 94)

Southern Africa Health Reports 16-22 May

MB2205183194

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 16 to 22 May concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.

Angola

Infant Mortality—The infant mortality rate is decreasing in Cabinda Province. According to the head nurse of the provincial hospital's pediatric department, about 80 deaths of infants were registered during the first quarter of this year, against 100 registered during the same period last year. The main causes of death include measles, diarrhea, malaria, and malnutrition affecting mainly newborns to five year old children. (Luanda TPA Television Network in Portuguese 1930 GMT 17 May 94)

Mozambique

AIDS—About 150,000 people in Mozambique are infected with the AIDS virus. This was revealed by the Mozambican delegation to a meeting with Portugal and Lusophone directors of programs against AIDS, which has just concluded in Lisbon. France has guaranteed about half a million francs in reagents to test for AIDS. The donation will enable Mozambique to guarantee the quality of blood used in hospitals until the end of the year. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 20 May 94)

Swaziland

AIDS—One out of every five people over the age of 15 in Swaziland is HIV positive according to a report released by UNICEF. The report says that at least 400 people in the country have died of AIDS and that the figure is "expected to rise rapidly to 10,000 deaths in two years." (Mbabane THE TIMES OF SWAZILAND in English 19 May 94 p 2)

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TB—The TB clinic in Manzini reports that 254 TB patients have been admitted this year and that 30 people have already died since January. Nationwide there are said to be 439 infected people. The TB Control Programmer Dr. Mabuza said that the figures started to rise in 1987. (Mbabane THE SWAZI NEWS in English 21 May 94 p 2)

Southern Africa Health Reports 23-29 May

MB2905200494

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 23 to 29 May concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Swaziland

Sexually Transmitted Diseases—At least 1,288 people have been treated for sexually transmitted diseases in Family Life Association of Swaziland Clinics from January to April this year. "The report on the diagnosis for the diseases are: gonorrhoea—438 with 212 males and 226 females; ulcers (syphilis, chancroid, etc)—145 with 76 males and 59 females; pelvic inflammatory disease—499 females were treated; venereal warts—24 patients, 13 males and 11 females; pubic lice—seven in all were treated, five males and two females." (Mbabane TIMES OF SWAZILAND in English 26 May 94 p 3)

Southern Africa Health Reports 30 May-5 June

MB0506195294

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 30 May to 5 June concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.

Angola

Cholera—"The cholera outbreak which has been hitting the city of Dondo, Cuanza Norte Province, since 30 May is disturbing the local officials. Over the past few days the Dondo District Hospital registered more than 400 cases of cholera and 50 deaths." (Luanda Radio National Network in Portuguese 1200 GMT 5 Jun 94)

Botswana

TB—"Tuberculosis, once thought to be under control, is said to be back with a vengeance." The chief community development officer said TB accounts for 5 percent of outpatients and 8 to 12 percent of all adult deaths. She

said the neglect of tuberculosis programs is seen as a major contributor to the resurgence of TB worldwide. She also said the administration of Botswana's national TB program leaves much to be desired as more than 34 percent of TB patients last year did not undergo an initial examination. (Gaborone Radio Botswana Network in English 1110 GMT 2 Jun 94)

Mozambique

Diarrhea—"Eighty people died of diarrhea with traces of blood in Meluco District, Cabo Delgado Province, between February and May. The disease is also affecting many people in Mueda District, where the situation is aggravated due to lack of water." (Maputo Radio Mozambique Network in Portuguese 1030 GMT 1 Jun 94)

South Africa

AIDS—"The latest HIV figures released for South Africa reveal that the country is on course for a major epidemic of AIDS." Testing of between 12,000 and 15,000 pregnant women in clinics reveals HIV prevalence now close to 5 percent of total sexually active population. "This amounts to more than half-a-million people, a figure which is doubling every 13 months." The worst hit areas are "KwaZulu/Natal (up from 4.8 percent in 1992 to 9.6 percent in 1993), the [Orange] Free State including QwaQwa (up from 2.9 percent in 1992 to 4.1 percent in 1993) and the Transvaal (up from 2.5 percent in 1992 to 4 percent in 1993)." Data collected in Johannesburg shows that HIV incidence is approaching 10 percent among the sexually active population and moving toward 25 percent of those attending sexually transmitted disease clinics. "The most disturbing trend within these general figures is the high incidence of HIV positivity among young women from teenagers to age 29." (Johannesburg THE STAR in English 1 Jun 94 pp 1, 2)

Zambia

STD's—"Zambia has recorded a remarkable decline in STD [sexually transmitted diseases] cases, a fact that has prompted medical authorities to suggest that the rate of HIV infections may also be going down. This was disclosed today by University Teaching Hospital Executive Director Mr. Godfrey Katema during the closure of the three-month course for medical personnel on AIDS and STD. Mr. Katema said since AIDS and STD are (?molecularly) and behaviorally linked, the decline in the number of STD cases throughout the country may suggest a [words indistinct] reduction in the transmission of HIV, the virus that causes AIDS." (Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 31 May 94)

Southern Africa Health Report 6-12 June

MB1206175094

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 6 to 12 June concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Mozambique

AIDS—"At least 400 AIDS cases have been diagnosed in Mozambique over the past 11 months. The total number of patients who have, or have had, AIDS is now 1,200. Dr. Avertino Barreto, head of Epidemiological Services Department of the Health Ministry, says that more than half of the 1,200 people have already died of the disease. Dr. Barreto also said that the number of diagnosed people does not reflect the full dimensions of the problem, adding that it is estimated that 140,000 people may be infected with AIDS throughout the country. Besides the capital, Maputo, the most affected provinces are Zambezia and Manica, both in central Mozambique; Tete, in the northeast; and Niassa near the border with Tanzania. The proliferation of AIDS cases in those areas is due to the return of Mozambican refugees from neighboring countries, such as Malawi, Zimbabwe, Zambia, and Tanzania." (Maputo Radio Mozambique Network in Portuguese 0500 GMT 9 Jun 94)

Swaziland

Malaria—"An outbreak of malaria in the Shiselwani region has affected 15 pupils at the Mandela Primary School." (Mbabane TIMES OF SWAZILAND in English 6 Jun 94 p 32)

Rabies—"The Director of Veterinary Services, Dr Robert Thwala, yesterday reported the outbreak of rabies in Big Bend and Mhlume, Lubombo region....The following areas have been declared guard areas: Bar Circle Ranch, Big Bend urban, Mhlume, Tshaneni, Thunzini, Vuvulane, Mananga, Macakula and Hlofu." (Mbabane TIMES OF SWAZILAND in English 8 June 94 p 2)

Zambia

Cholera—"Health Minister Michael Sata has denied press reports that there is an outbreak of cholera in Kaputa, saying that there are only sporadic cases of dysentery in the northern Province....Mr. Sata said that the cases reported as cholera were dysentery cases and that his ministry has already sent drugs....Mr. Sata said there was one case of dysentery reported at (?Musuga) after medical teams were sent to Kaputa following press reports that there was an outbreak of cholera." (Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 8 Jun 94)

Zimbabwe

Newcastle's Disease—Veterinary authorities have warned that an outbreak of Newcastle's disease threatens

the country's poultry and ostrich industry. The disease was detected in the Ndanga district of the southern province of Masvingo on 6 June. (Johannesburg THE STAR in English 10 Jun 94 p 7)

Southern Africa Health Report 13-19 June

MB1906190294

[Editorial Report: The following is a compilation of reports monitored by FBIS Mbabane Bureau from 13 to 19 June concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.]

Angola

Malaria—"More than 20 people have died of malaria in Lobito since the beginning of the month. Health authorities say drinking water is the main cause of the epidemic in the region. Water has been supplied privately, often in conditions unsuitable for human consumption." (Luanda Radio Nacional Network in Portuguese 0600 GMT 14 Jun 94)

South Africa

HIV—"The incidence of HIV is continuing to grow in the Western Cape as 70 more cases were reported in Khayelitsha in one month and 31 more babies tested HIV positive in the first two months of the year." Statistics show that 313 people tested HIV-positive in January and February, with 70 new cases in Khayelitsha in February. "3,899 people have now tested HIV-positive in the Cape since 1989, although the total number of unidentified cases of HIV infection is estimated to be much higher." (Cape Town CAPE TIMES in English 8 Jun 94 p 9)

Newcastle's Disease—"Thousands of chickens have died in Natal in recent months because of an outbreak of Newcastle disease. The outbreak has been particularly severe in the Durban, Maritzburg, and Midlands areas, where it has taken a heavy toll among commercial stock. The worst losses were in February, March and part of April." (Johannesburg THE STAR in English 15 Jun 94 p 2)

Zambia

Dysentery—"Dysentery has broken out in Chief (Ndeveni's) area in Ndola Rural. More than 80 cases have been reported. District Primary Health Care Coordinator Mr. Kambule confirmed the outbreak. Mr. Kambule said the disease broke out a month ago." "Mr. Kambule said all serious cases were being referred to (Mkongo) Mission Hospital, about 35 km away, and patients had to walk there for treatment." (Lusaka Zambia National Broadcasting Corporation Network in English 0500 GMT 17 Jun 94)

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Southern African Health Report for 20-26 June

MB2606164594

[Editorial Report] The following is a compilation of reports monitored by FBIS Mbabane Bureau from 20-26 June concerning outbreaks of and reports on various diseases. Items are listed by country and disease. The source follows each item.

Mozambique

Cholera—The outbreak of cholera afflicting Cabo Delgado Province since last year is practically under control, according to local health authorities. However, cases of bloody diarrhea are prevalent in the province, particularly in Ancuabe, Namuno, and Montepuez Districts. Health officials say there were 5,200 dysentery cases in the province by May, 34 of them fatal." (Maputo Radio Mozambique Network in Portuguese 1030 GMT 21 Jun 94)

Namibia

HIV/AIDS—"The number of HIV cases in Namibia is increasing at an alarming rate with more than 1,000 new cases reported in the short space of three months. It was revealed that 8,154 HIV cases had been officially recorded in Namibia at the end of May. This compares to a total of 7,139 cases recorded at the end of February this year." (Windhoek THE NAMIBIAN in English 17 Jun 94 p 1)

Zimbabwe

HIV/AIDS—"Ninety percent of deaths in Zimbabwe are now thought to be HIV and AIDS related and by the year 2000 there could be 500,000 AIDS orphans in the country, health officials said yesterday. The estimates were given by the Minister of Health and Child Welfare, Dr. Timothy Stamps, and the coordinator of the National AIDS Control Program, Dr. Everisto Marowa, when they spoke at a two-day annual conference of the National Association of Secondary Heads....Dr. Marowa said by the end of March this year Zimbabwe had recorded 30,218 cases of full-blown AIDS. The projection for the end of the year was 120,000 full-blown cases. It was estimated that 800,000 Zimbabweans were now infected with HIV." (Harare THE HERALD in English 17 Jun 94 p 1)

KENYA

Eight Meningitis Deaths in Kakamega District

94WE0288A Nairobi THE KENYA TIMES
in English 6 Apr 94 p 4

[Excerpt] Meningitis has broken out in Shamberere area of Kabras Division in Kakamega District claiming lives of eight people, the Kakamega District Commissioner, Mr. Peter Raburu, has said. He, however, announced the Government has already despatched a team of medical personnel to help contain the disease.

Meanwhile Mr. Raburu has called upon residents of Kabras Division to go to the nearest health centres to receive vaccines to prevent disease. [passage omitted]

NAMIBIA

Malaria, TB, Meningitis Statistics Given

94WE0286A Windhoek THE NAMIBIAN
in English 15 Apr 94 p 5

[Article by Tyappa Namutewa: "Ministry Battles Killer Diseases"]

[Text] Rampant killer diseases, like epidemics or the re-emergence of curable diseases, was the cause of high expenditure in the Ministry of Health and Social Services.

This was said by deputy minister of Health, Dr. Iyambo Indongo, during the committee stage of his Ministry's budget vote in the National Assembly on Wednesday.

Indongo identified certain epidemics, which he described as dangerous, but said his Ministry was in control of the situation as well as being prepared for other epidemics which might strike the country.

One of the diseases singled out by the deputy health minister was malaria, believed to affect "almost half of our planet".

According to reports, worldwide two children die from malaria every minute, and the death toll is presently higher than that of Aids.

In 1992 Namibia experienced 120,568 cases of malaria with 226 deaths, compared to 148,674 cases and 342 deaths during 1993, an increase last year of 28,106 cases.

Turning to tuberculosis, Indongo said this "old killer disease" had developed new tricks. Despite an increase of 10,064 TB cases in 1992, health workers managed to reduce TB cases to 7,395 last year.

Referring to the outbreak of meningitis in October last year, the deputy minister said this was now under control and that "within one or two weeks the battle will be completed".

Between October 1993 and April this year, 546 cases of meningitis and 50 deaths were reported countrywide.

RWANDA

Civil War Seen Causing Setback to AIDS Fight

94P20787A Helsinki HUFVUDSTADSBLADET
in Swedish 12 May 94 p 9

[Finnish News Service report based on Stockholm TIDNINGARNAS TELEGRAMBURO dispatch: "Rwanda Is a Catastrophe Also for AIDS Research"]

[Text] The war in Rwanda has destroyed a large-scale medical project for testing the AIDS vaccine. Laboratories, research personnel—everything that was in place, says Professor Lars Olaf Kallings to TIDNINGARNAS TELEGRAMBURO.

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Now the Belgian, French, and U.S. physicians, as well as other experts who were responsible for the project, have departed the area. Rwandans who were involved find themselves in flight either inside or outside the country.

Rwanda has been hard hit by AIDS. A study conducted two years ago found that 45 percent of pregnant women in the country were infected with HIV.

Rwanda at the AIDS Catastrophe's Epicenter

"Rwanda, Burundi, and the Kagera area in Tanzania, and a part of Zaire comprise the epicenter of the African AIDS catastrophe," says Prof. Kallings, who is part of the international effort, but is on the staff of the Swedish Public Health Institute in Stockholm.

The UN World Health Organization (WHO) had selected Brazil, Uganda, Thailand, and Rwanda for the vaccine project. The research station and laboratory located in Kigali, the capital, had already produced good results before the appearance of any vaccine that could be tested on a large scale.

"What we know about how the infection is spread from mother to child, and especially about the role of breast milk, has often come from studies in Rwanda, just as understanding of how a noninfected partner in a marriage can be protected," says Kallings.

He emphasizes that WHO's Rwanda project was not tainted by colonialism. It did not operate by having foreign experts come to an underdeveloped country in order to demonstrate how things were to be done. The Rwandan authorities and Rwandan staff personnel played a large role, he stated.

"It is tragic that this is now all destroyed. Moreover, Rwanda is a country that in general has great need of the results from the vaccine project," he says.

Enormous Streams of Refugees

"We don't know how the institutions that were responsible for the project have been impacted by the war. But we can fear the worst."

In Kinshasa, located in neighboring Zaire, is found a good AIDS laboratory with significance for the entire region. Riots a couple of years ago led to plundering of the building. The refrigerator was lifted out and all tests destroyed, states Kallings, and he now fears the same sort of thing is now happening in Kigali.

Enormous waves of refugees have fled from Rwanda over the past month, especially into Tanzania.

"We know that war and fleeing of people leads to spreading the infection," asserts Prof. Kallings.

ZIMBABWE

AIDS Cases Expected To Be 130,000 by December

94WE0287C Harare THE HERALD in English
8 Apr 94 p 3

[Text] Zimbabwe's cumulative full-blown Aids cases are expected to be around 130,000 by the end of the year,

National Aids Control Programme Co-ordinator Dr. Evaristo Marowa said yesterday.

Dr. Marowa told a seminar to launch the introduction of sexually transmitted diseases, Aids and HIV education in tertiary college curricula that at least 28,000 Zimbabweans had suffered full-blown Aids by the end of 1993.

This, he said, was a conservative figure as it only comprised reported cases.

"The data that we collect is inadequate. A lot of cases go unreported and we estimate that what we get is only one-third of the actual figures," said Dr. Marowa.

Zimbabwe had an estimated 60,000 Aids orphans at the end of last year, a figure expected to rise to 500,000 within five years, he told college lecturers, principals and other educationists drawn from all over the country.

"The most worrying feature about Aids victims is that these people are young. Most of them are young, sexually and economically active—in the 20 to 40-year age group. They are in most cases the productive individuals of our society," he said.

Dr. Marowa said there had been a slight decrease in the number of STD cases—which he said were a catalyst for the spread of Aids—in the past two years. There had also been a higher demand for condoms.

Speaking at the same occasion was the Minister of Higher Education, Cde. Stan Mudenge, who said Aids and HIV were highly prevalent among technical, teacher training and vocational college students.

Cde. Mudenge said his ministry had a student population of about 27,000 in technical and teacher training colleges aged between 17 and 29 years.

Of these, 15,000 were training as teachers in the country's 15 teachers' colleges and 12,000 were in technical and vocational colleges.

"This group of students is special in many ways as it comprises the future leaders and managers of our schools and industry and yet it is the most vulnerable because, according to statistics reported on sero-positive status of HIV-Aids cases, it contains the highest number of HIV-Aids cases," said Cde. Mudenge.

It was necessary, he said, to educate the students on how to avoid contracting HIV by encouraging them to acquire values and life skills such as problem solving, analysis, evaluation and prediction which were conducive to positive, responsible and healthy lifestyles.

"We do not want the graduates to join the country's workforce as unhealthy and sick people suffering from and dying from the STD-HIV-Aids pandemic," said Cde. Mudenge.

In turn, the student teachers should be well equipped to go out to schools to educate and teach pupils about the spread and prevention of HIV and Aids.

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Sixty-Four Malaria Deaths This Year in Midlands

94WE0287A Harare THE HERALD
in English 1 Apr 94 p 9

[Text] Gweru. Sixty-four people have died of malaria in Mberengwa and Gokwe districts so far this year, Midlands provincial medical director Dr. Davis Dhlakama said yesterday.

In a statement, Dr. Dhlakama said malaria claimed 25 deaths in Gokwe from January 7 to March 25, while 39 deaths were reported in Mberengwa between February 11 and March 25.

"There is already a very significant increase of malaria cases in Gokwe. Before that we had reported cases in Mberengwa district which normally has no problem with malaria," Dr. Dhlakama said.

He said the deaths occurred even after health officials had taken precautionary measures. In Gokwe, 25 wards were sprayed with pesticide and the coverage of the sprayed area was 91.3 percent.

He said some of the deaths could have been avoided if people had come early for treatment.

"We would like to advise the public that people who will be visiting these districts during the Easter holiday should take some chemo-prophylaxis, use mosquito repellents and creams as recommended," Dr. Dhlakama said.

He called on members of the public to report early for treatment as soon as they feel the first signs of malaria.

Dr. Dhlakama said malaria treatment was free in all Midlands province public health institutions during the "malaria period" and people should not delay coming for treatment even if they had no money.

He said malaria cases would be on the increase now that the rainy season had almost come to an end.

Statistics on Malaria Cases, Deaths Given

94WE0287D Harare THE HERALD
in English 9 Apr 94 p 5

[Text] The Ministry of Health and Child Welfare yesterday said Zimbabwe's health institutions have so far this year recorded 90,941 malaria cases and 212 deaths and has warned travellers to epidemic areas to take precautions.

In a statement, the ministry said these figures were estimated to be only 50 percent of the actual cases and deaths.

Provinces most affected are Manicaland with 26,494 cases, Matabeleland North (15,315), Mashonaland Central (11,074) and the Midlands (10,030).

An unexpected outbreak was reported in February from Mberengwa district, Shamba and Manyange villages along Manyuchi dams and so far 350 cases and 25 deaths have been reported.

An additional 390 cases have been reported from the bordering district of Mwenzezi.

Another unexpected outbreak was reported from Mutoko district in Mashonaland East, which recorded 278 cases and no deaths until end of March. Mashonaland West has so far this year recorded 9,921 cases.

Last year Zimbabwe recorded 803,109 with 946 deaths until June.

Dysentery Now Under Control After 128 Deaths

94WE0287B Harare THE HERALD
in English 6 Apr 94 p 1

[Text] At least 128 people have died of dysentery throughout the country since the beginning of the year but health officials armed with adequate supplies of the curative drug have brought the situation under control.

Officials in the Ministry of Health and Child Welfare said yesterday that 25,609 cases were reported since the beginning of January.

New cases reported in the week ending March 27 totalled 1,162 countrywide.

The officials, however, said that the figures were constantly going down since the dysentery outbreak last October.

"The situation is now under control and there is no need for panic. The outbreak took us unaware when it came. We were at that time preparing for cholera, which had had an outbreak earlier."

He said although there had been a problem of drugs at the start of the epidemic, the ministry had since procured nalidixic acid tablets—used in the treatment of dysentery—at a cost of \$500,000.

The World Health Organisation had also donated some drugs to help combat the disease.

Estimates Place Between 5,000 - 10,000 HIV Carriers*HK1006015594 Hong Kong MING PAO
in Chinese 20 May 94 p A13*

[By staff reporter Lin Tzu-Chieh (2651 1311 2212):
"HIV Carriers Discovered in 22 Provinces in China"]

[Text] At present, 22 provinces in China have reported HIV carriers and the reported number is 1,159. However, departments concerned have estimated the actual number of HIV carriers is between 5,000 and 10,000. There is a tendency toward a gradual spreading of AIDS in China. According to Ministry of Public Health officials, shortage of funds and insufficient publicity and education are two major difficulties in the prevention and treatment of AIDS at present.

Sun Xinhua, a Ministry of Public Health official, said during an interview with this reporter by long-distance telephone yesterday: Although governments at various levels allocated 10 million yuan for the prevention and treatment of AIDS last year, the amount was far from enough and there was difficulty in meeting the needs. Therefore, in some places where increased investment has been made, special test centers and hospitals have been set up. However, most patients have to receive treatment at ordinary hospitals. Some patients stay at home and are visited by local doctors once a month or once every two months.

At present, China still has not formulated laws or regulations on the prevention and treatment of AIDS, said Sun Xinhua. In 1988, the Ministry of Public Health promulgated a policy document—the "Law on the Prevention and Cure of Contagious Diseases," which has been in force until now. The authorities are thinking of taking further measures to strengthen management of the prevention and treatment of AIDS but nothing has yet been put on the legislation agenda. China is an area in which the spreading of AIDS is not serious but there is a tendency toward a gradual spreading of the disease. HIV carriers are concentrated in Yunnan, Fujian, Guangdong, Shanghai, and Beijing, said Sun Xinhua, and those in Yunnan account for 80 percent of the total. The main reason why there are more HIV carriers in Yunnan is that many people inject drugs. Sexual contacts are also a way of spreading the disease. A considerable number of HIV carriers in other cities have been infected abroad. Some are foreign staff members and workers. Others have become HIV carriers after working as laborers or after visiting their relatives abroad.

In view of the actual situation in China, said Sun Xinhua, the authorities have followed two main principles in the prevention and treatment of AIDS. One is to take measures to slow down the speed of the spreading of the disease. The other is to make great efforts to carry out publicity and education work by means of the press and to pay special attention to monitoring the "high-risk groups."

In response to being asked whether or not HIV carriers are discriminated against in China, Sun Xinhua said: In many places in the world, HIV carriers are being discriminated against but the public health administrative departments in China have demanded that various localities should not discriminate against HIV carriers and the identities of HIV carriers must be kept secret. However, in the eyes of the people, these HIV carriers are beneath pity. The people think that undesirable habits are the main cause of contracting the virus.

Iodine Deficient Province Closes Contraband Salt Markets*HK1705094694 Hong Kong ZHONGGUO TONGXUN
SHE in Chinese 0926 GMT 20 Apr 94*

[Excerpts] Shijiazhuang, 20 Apr (ZHONGGUO TONGXUN SHE)—Hebei Province is one of the regions seriously plagued by iodine deficiency. Since last October, the authorities in the province have adopted firm measures to rectify the salt market. So far, they have outlawed 187 contraband salt markets and effectively halted the once-rampant selling of inferior and iodineless salt. The general public can now enjoy regular salt, which sets their mind at ease.

Iodine deficiency is known to cause congenital problems, such as imbecility, dumbness, and sterility. Hebei is a major producer of sea salt, yet iodine deficiency is quite common there, and it is one of the most seriously affected regions in China. The population in the province's affected areas is a high 26.55 million. In recent years, owing to such factors as loss of control over the production of edible salt and loose management, large quantities of inferior and iodineless salt have reached the consumers via contraband salt markets, expanding the use of iodineless salt and causing the incidence of deficiency cases in the affected areas to show a renewed upward trend. To safeguard public health, Hebei Province set about organizing a specialized campaign against contraband salt trafficking last October. [passage omitted] So far, the authorities in the province have handled more than 10,400 cases of contraband salt trafficking and have confiscated 39,157 metric tons of contraband salt.

INDONESIA

Three HIV Cases Detected in Central Java

BK0305102694 Jakarta REPUBLIKA in Indonesian
25 Apr 94 p 13

[Excerpt] Purwokerto, REPUBLIKA—HIV, which causes AIDS, has quietly penetrated Purwokerto, Central Java. The victims are two prostitutes and a local college student. The three were inadvertently found to be HIV-positive when an AIDS prevention team from the Department of Health and relevant agencies was conducting a survey in sensitive areas. [passage omitted]

Official Reports 263 HIV, AIDS Cases

BK1605164194 Jakarta ANTARA in English
1442 GMT 16 May 94

[Text] Yogyakarta, May 16 (OANA/ANTARA)—The total number of HIV and AIDS sufferers in Indonesia has reached 263, a senior health ministry official said here Monday.

Director general for medical services Sujoga told newsmen 50 of the detected sufferers were already showing full-blown AIDS symptoms while 210 had tested HIV-positive.

Most of the 263 were people belonging to "high-risk groups", Sujoga said.

He said the health ministry had since last year instructed all medical and blood-collection organizations in the country to use HIV-detectors in examining the blood of would-be donors.

The ministry had also issued orders making the one-time use of syringes a standard practice in medical services.

It was now also obligatory for medical authorities to maintain continuing surveillance over known AIDS patients, Sujoga said.

Health Official Reports on Hemorrhagic Fever Cases

BK1406133794 Jakarta MERDEKA in Indonesian
6 Jun 94 p 3

[Excerpt] Jakarta, Sunday/MERDEKA/ANT—H. Suharto Wiryowidagdo, the head of the Health Department in Jakarta stated on Friday that Jakarta expects to record about 3,000 cases of hemorrhagic fever during 1994.

He said, "From early January until 20 May 1994, the number of persons infected by hemorrhagic fever totalled 943 cases."

In east Jakarta, 241 persons were reported to be infected by the disease; five of them died. In west Jakarta, 190 cases were recorded and one person died. In south

Jakarta, there were 137 cases and three persons died. In north Jakarta 99 cases were recorded with only one death.

According to Suharto, a survey conducted in 1986 by district authorities indicated that the number of hemorrhagic fever cases had increased every five years since 1973. The increase was considered a five-year cycle.

Jakarta was unaffected by the five-year hemorrhagic fever cycle in 1993 due to public awareness about preventing the spread of hemorrhagic fever; for example, through the destruction of mosquito breeding grounds.

The number of hemorrhagic fever cases in 1993 totalled 2,263 and 16 died from the disease. Therefore, the figure of 22 cases per 100,000 residents and the figure for the case fatality rate, [preceding three words in English] CFR, only stood at 0.84 percent. Suharto said there was a possibility that the number of hemorrhagic fever cases in the Jakarta region could decline in 1994. [passage omitted]

JAPAN

Scientists Develop Technique To Inactivate AIDS Virus

OW0906132494 Tokyo KYODO in English
1313 GMT 9 Jun 94

[Text] Osaka, June 9 KYODO—Three Japanese researchers said Thursday [9 June] they have jointly developed a technique to bar the AIDS virus from destroying killer T-cells—a central player in the body's immune system.

The technique was announced by Professor Takashi Kurimura and researcher Seiji Kageyama of Osaka University's Research Institute of Microbial Diseases and Tottori University researcher Tetsuo Katsumoto at a meeting of the Japanese Society of Clinical Virology at an Osaka hotel.

Katsumoto projected onto a screen photographed images of the process whereby a special antibody attacked the virus by recognizing a P-17 protein on the surface of the virus as a "target."

The human immunodeficiency virus (HIV) provokes a strong response by the immune system, but the virus usually manages to escape the T-cells sent out to destroy invaders.

Under normal circumstances, the virus cannot only disguise itself to trick the immune system, but can strip the T-cells of their ability to defend the human body from attacks by various harmful viruses by eating the intruders.

However, the special "P-17 antibody" cultivated by Kurihara and Kageyama can recognize and capture the HIV, because the P-17 protein does not disguise itself due to its low "mutation rate," the researchers said.

Usually, the HIV changes the proteins covering its surface—such as GP-120 or GP-41—so they become unrecognizable to the antiviral T-cells.

Therefore, the trio decided to produce a large quantity of the P-17 antibody to target the P-17 protein that provides a low variability, they said.

They cultured a minute amount of P-17 antibody collected from AIDS patients and mixed it with the AIDS virus in vitro, and then observed the reaction.

They watched the antibody reduce the ability of the AIDS virus to destroy the immune T-cells "to less than one-tenth to one-thousandth," Kageyama said.

The projected image of the electron photograph showed P-17 antibodies enveloping the AIDS virus—a proof that the virus could not disguise itself from the special antibody, the researchers said.

They said the antibody targeted the molecules of the P-17 protein, then "placed a lid" over the prickles protruding from the virus' main body.

Kurimura said, "if we inject P-17 protein into the body of an HIV-positive person, it will produce a large quantity of P-17 antibody inside the body, thereby containing the activities of the AIDS virus and preventing that person from developing the symptoms of AIDS."

"This technique will open the way for the mass production of an anti-AIDS vaccine," he said.

SOUTH KOREA

Two More People Test HIV Positive in April

SK0505035694 Seoul THE KOREA TIMES in English
5 May 94 p 3

[Text] Two more people tested positive for HIV (human immunodeficiency virus) in April, bringing the total number of people affected by AIDS (acquired immunodeficiency syndrome) to 339, the Health-Social Affairs Ministry said.

Of the 339, 44 have died, one emigrated overseas and 294, 267 male and 27 female, are under strict government surveillance, ministry officials said.

Health Ministry Reports Highest HIV Infection Figures

SK0906030394 Seoul THE KOREA TIMES in English
9 Jun 94 p 3

[Text] Fourteen more people tested positive for HIV (human immunodeficiency virus) last month, one of whom was diagnosed as suffering from full-blown AIDS (acquired immunodeficiency syndrome) and died.

According to the Health-Social Affairs Ministry yesterday, the number of one of the highest new monthly

figures, brought to 353 the total number of those diagnosed as being infected with HIV. [sentence as received]

In a majority of the 14 cases, the infection was attributed to unprotected sex abroad. One of them, identified only as a Cha, died 10 days after testing HIV positive in a blood test.

Of the women found to be suffering from HIV infection, two are known to have contracted the deadly disease by having sexual relationships with foreigners here.

In the case of two male patients, aged 25 and 30, the infection was the result of sexual contact with domestic women, indicating that the virus has infiltrated the country to a threatening extent.

The officials said the sudden increase in the number of people testing positive for HIV in blood tests is alarming and signals a need for a more active anti-AIDS campaign.

A recent survey by the Korea Educational Development Institute showed that only 31.4 percent of students in high school have correct information pertaining to the deadly disease.

"Although there have not been any teenagers showing HIV infection, it is high time that the government and private groups intensify their educational programs so as to enlighten students to the dangers of AIDS and how the diseases can be picked up," one institute official said.

Ministry statistics showed that there have thus far been 353 people infected with the HIV virus, 46 of whom have died. The 46 included 18 with full-blown AIDS, the officials said.

Out of the total number, one has immigrated overseas and the remaining are under close surveillance or medical care by the government.

Looking at the gender composition, there were 278 men and 28 women with HIV infection, showing that the conditions continue to be more prevalent among men, the officials added.

Another problem is that the government figure is nowhere close to the number suggested by anti-AIDS groups which run as high as 5,000.

Doctor Reports Flesh-Eating Bacterium Claims One in Seoul

SK2705035294 Seoul YONHAP in English
0135 GMT 27 May 94

[Text] Seoul, May 27 (YONHAP)—The flesh-eating bacterium that has recently killed over 10 Britons and others elsewhere claimed the life of a Seoul teacher last year, according to doctors.

Professor Sin Wan-che, of the internal medicine department at Catholic University Medical College in southern Seoul, claimed Thursday that the 49-year-old physical

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education teacher, identified only as Yun, had died from infection caused by the streptococcus-a bacterium while being treated for the disease at St. Mary's Hospital in Yoido, central Seoul, last year.

Yun died just 15 days after he was taken to the hospital, which failed to provide effective medical treatment to the teacher, who was in a coma with black and red spots and blisters on his skin, according to Dr. Sin.

Sin and other doctors who treated Yun presume that he became infected with the killer disease after using an infected syringe or other instruments to ease leg cramps. The doctors quoted Yun, a Taekwondo expert-turned teacher, as having said he experienced leg cramps occasionally.

Doctors say the only way to stop the killer disease is early treatment, allowing for amputation of the infected part before the flesh-eating bacteria spread to the entire body. Otherwise, the bacteria could kill a victim within 24 hours of infection.

The streptococcus a bacterium exists naturally in about 10 percent of people, usually remaining harmless at the back of the throat while causing an easily treated sore throat.

LAOS

Khammouan, Sayaboury Malaria 'of Serious Concern'

Vientiane VIENTIANE MAI in Lao 19 Apr 94 p 2

[Excerpt] According to statistics, the malaria sector of Nakai District, Khammouan Province in early 1994 discovered that 42.91 percent of 536 people whose blood was tested were found to have malaria. During the same period, in Phiang District, Sayaboury Province, 20.37 percent of 1,055 people tested were found to be infected. Thus, it can be said that malaria in our country is still of serious concern. [passage omitted]

Cholera Epidemic Reported in Bokeo Province

*BK1706142494 Vientiane KPL in English
0935 GMT 17 Jun 94*

[Text] Vientiane, June 16 (KPL)—The spread of diarrhea erupting in the Province of Bokeo since at end of April has been put under control.

Local sources reported that diarrhea first broke out in Ton Phung District late April and that while a specimen of the infected stool was being sent to be tested at the Epidemiology Institute in Vientiane, the epidemic spread to the districts of Huai Sai, Paktha, and Pha Oudom, which was the most stricken. The test showed that it was cholera.

Facing this situation, the provincial public health in cooperation with the local administrations and other services involved set up a committee for the control of

this epidemic consisting of the provincial governor and medical officials from the Public Health Ministry. The committee then conducted operations in all the disease-stricken areas to guide the control its spread.

So far, the spread has been put under control. However, the control and medical treatment are still going on.

During the outbreak of diarrhea over the province between April and June, a total of 898 infected cases and 59 deaths were registered, of which 549 infected cases and 39 deaths were in the district of Pha Oudom alone.

MALAYSIA

Dramatic Increase in Dengue Cases Reported in Kuala Lumpur

*BK1505114294 Kuala Lumpur NFW STRAITS TIMES
in English (City Extra Supplement p 1) 12 May 94*

[Excerpts] There has been an alarming increase in dengue cases in the city [Kuala Lumpur] with 20 cases reported in the last week of April compared to only one the week before.

The cases included one of dengue haemorrhagic fever (DHF).

Of the 20 cases, six were in Cheras, five in Jalan Klang Lama, four (including the DHF case) in Damansara, four in Setapak, and one in the city center. [Passage omitted]

City Hall Press officer Ramli Ibrahim said health department officials were maintaining regular checks on the dengue cases. [Passage omitted]

This year a total of 99 dengue cases including nine DHF cases have been reported in areas under City Hall's [Federal Territory] jurisdiction.

PHILIPPINES

Manila Registers More Typhoid Cases 1 Jan-9 Apr

*BK0405050794 Manila MANILA BULLETIN
in English 29 Apr 94 p 12*

[Report by Robert R. Requintina]

[Text] Health authorities reported yesterday an increase in the number of typhoid fever cases in Manila which has already claimed one life.

A report to Health Secretary Juan Flavio said that the number of typhoid cases in San Lazaro Hospital in Manila has reached 86 from 1 January to 9 April, about 15 percent higher than the same period last year.

The Field Epidemiology Training Program (FETP) said 22 percent of cases came from Manila.

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Dr. Judith Iturralde-Tapiador noted there was a clustering of cases in Barangays [Villages] 12, 33, and the nearby area of Parola and Barangay 14.

She expressed belief that contaminated food or water could have caused the sudden increase in the number of typhoid fever cases.

Tapiador recommended to the Manila City Health Office to assist Districts 1 and 2 in the conduct of a preliminary investigation on all identified typhoid cases in Tondo.

She also urged health officials to conduct health education and information campaign during community assemblies on typhoid fever.

TAIWAN

First Dengue Fever Case Reported for 1994

OW0606075894 Taipei CNA in English
0708 GMT 6 Jun 94

[By Lilian Wu]

[Text] Taipei, June 6 (CNA)—The Department of Health (DOH) Monday [6 June] reported its first case of dengue fever this year and urged people to be careful when traveling in southeast Asia.

The officials said that the victim, a 42-year-old female, contracted dengue fever when she traveled to the Philippines in April.

The officials urged tourists to Southeast Asia to avoid mosquitos and seek medical help if bitten, especially if the bite results in a high fever and painful bones.

The officials said that there were 13 confirmed cases of dengue fever in 1993, all of which were contracted by tourists visiting Southeast Asia. Six cases were reported from visitors to Thailand, three from Indonesia, one from the Philippines, and three others from other Southeast Asian nations.

THAILAND

Official Says 500 People Daily Infected with HIV

BK1306075294 Bangkok THE NATION
in English 13 Jun 94 p A4

[Excerpts] Two percent of pregnant women are now estimated to be infected with HIV virus, the forerunner of AIDS, a senior official from the Food and Drug Administration (FDA) told a seminar yesterday.

FDA Deputy Secretary-General Dr Sutcharit Sanpraphan said 30 percent of the infected mothers were expected to pass the infection to their unborn children.

Overall, one person in a hundred—or about 600,000 people—is now believed to be carrying the virus in Thailand, he told a seminar, "AIDS and Condoms", organized by the FDA at the Bangkok Palace Hotel. [passage omitted]

Pawin Phayapwiphaphong, director of public relations at the privately-run Population Development Administration (PDA) said Thais were being infected by HIV at the rate of 500 people a day. At least 8,000 people had developed AIDS-related complex (ARC) symptoms, and half of them had already died of AIDS.

Sunisa Ratanasibuathong, of the Public Health Ministry's Department of Communicable Disease Control, confirmed Pawin's figures, saying her department had received confirmed reports of over 7,000 ARC cases.

It was expected that 3 million Thais would develop AIDS by the year 2000.

She said safe sex, including avoiding penetration, reduces the chances of HIV infection.

VIETNAM

National Committee Reports 1,484 HIV-AIDS Cases Detected

BK0706134894 Hanoi Voice of Vietnam Network
in Vietnamese 0500 GMT 7 Jun 94

[Text] The AIDS Prevention and Control National Committee recently announced that there have been 1,484 cases of HIV-AIDS detected so far in 30 provinces and cities nationwide. The number of AIDS patients is still at 103, with the number of fatal cases at 33.

The AIDS Prevention and Control National Committee also revealed that many international organizations such as the United Nations Development Program—UNDP, the United Nations Fund For Population Activities—UNFPA, the United Nations Drug Control Program—UNDCP, and some other international development organizations like Australia's AIDAB, Sweden's SIDA, and the European Community—EC, have visited Vietnam this year to conduct fact-finding research for aid programs.

The World Bank also is considering a loan of \$10 million for medical equipment and information projects.

An Giang Province Intensifies AIDS Prevention

*BK1706141994 Hanoi Voice of Vietnam Network
in Vietnamese 1430 GMT 17 Jun 94*

[Text] An Giang Province is accelerating AIDS prevention by adopting measures to widely educate the public about the disease and supervising and controlling subjects that may spread AIDS. The province has set up many free consultant offices and testing laboratories. It

has organized nine workshops for 273 female medical staff and teachers. At present, An Giang is running 15 classes for all doctors working in the epidemic section, heads of preventive medical teams, female cadres, and workers' union cadres in 11 districts and towns of the province. The An Giang Preventive Medical Center has put up 9,000 sign boards and printed 10,000 pamphlets on AIDS for ninth year students to prepare for introducing the subject into the curriculum.

YUGOSLAVIA

AIDS Case Causes Panic in Nis

94P20006A Ljubljana DNEVNIK in Slovene
18 May 94 p 24

[Unattributed article: "Nurses Flee From AIDS Virus in Nis"]

[Text] Belgrade, 18 May—For a week there has been total confusion in the Institute for Nephrology and Hemodialysis at the Clinical Center in Nis caused by a patient infected with the AIDS virus. She requires dialysis, but no nurse wants to provide it.

In despair, the director of the Institute found a Solomonic solution; he proposed that the patient's husband play the role of nurse. The husband initially agreed but later changed his mind. The patient refused to be helped by any of 29 nurses.

The confusion reached a climax yesterday when 20 nurses fell ill "overnight." The work of the Institute, which performs 180 dialyses daily, could become completely paralyzed. Turning for help to the media, the director called on nurses to come to Nis where they can find permanent employment.

Belgrade papers are following developments in Nis closely. However, none of them has so far asked how the patient is doing.

REGIONAL AFFAIRS

Southern Cone Health Report Through 19 May

PY1905143694

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 19 May.

Argentina

AIDS/HIV—The latest official numbers show that one of every 400 people in Mendoza Province are believed to be infected with the HIV virus. The latest figures note 70 people with confirmed AIDS, while those infected with the HIV virus are believed to number more than 3,500. (Buenos Aires BUENOS AIRES HERALD in English 15 May 94 p 4)

Brazil

Hepatitis-B—It has been reported that 50,000 people have been contaminated in Acre State as a result of a hepatitis-B outbreak. It was also reported that 70 percent of the local blood bank donors have the disease. A massive campaign against the illness will begin in the state on 11 June. (Rio de Janeiro Rede Globo Television in Portuguese 2300 GMT 13 May 94)

Cholera—The number of cholera cases in Maceio, Alagoas State, is increasing. So far 155 cases have been registered, two of them fatal. (Rio de Janeiro Rede Globo Television in Portuguese 2300 GMT 13 May 94)

Southern Cone Health Report Through 9 June

PY0906213194

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 9 June.

Brazil

Dengue fever—State Health Secretary Ana Maria Cavalcante has reported that a dengue outbreak could have affected about 300,000 people in Fortaleza, capital of Ceara State. This figure is based on the number of people with symptoms of the disease who are being admitted to hospitals daily. (Rio de Janeiro O GLOBO in Portuguese 7 Jun 94 p 7)

Peru

Cholera—Regional Health Director Antonio Solorzano reported that at least 11 people have died of cholera in the past 15 days in the Peruvian Province of Huaylas, 510 km northeast of Lima. This is the second cholera outbreak that has been registered in this province since 1993. (Madrid EFE in Spanish 1824 GMT 1 Jun 94)

Southern Cone Health Report Through 16 June

PY1606233794

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 16 June.

Bolivia

Chagas disease—Environmental Health Project Director Andrew A. Arata said Bolivia registers the highest rate of chagas disease in the world. He is attending an international congress on the control of chagas in Bolivia that is being held in Cochabamba. He said the disease affects 33.9 percent of one- to four-year-olds, 60.9 percent of 10- to 14-year-olds, and 74.7 percent of 15- to 44-year-olds. He added that 1.5 million Bolivians have the disease. (La Paz PRESENCIA in Spanish 7 Jun 94 Second Section p 1)

Brazil

Infant mortality rate—A survey by the Catholic Church Children's Pastoral Department shows that the average infant mortality rate in families helped by the organization has improved 15 percent, and 29 percent in the country's northern part. This organization assists 1.9 million children. (Sao Paulo FOLHA DE SAO PAULO in Portuguese 11 Jun 94 First Section p 5)

Dengue—Health authorities reported that 10 people died in two weeks from a dengue outbreak in Ceara State, where approximately 300,000 cases have been detected. A total of 20 people allegedly infected with the disease currently are hospitalized. (Rio de Janeiro O GLOBO in Portuguese 15 Jun 94 p 7)

Dengue—National Health Foundation specialists reported that six dengue cases were confirmed in Pernambuco State in the past 48 hours. The infected people came from Fortaleza, capital of Ceara State. (Rio de Janeiro O GLOBO in Portuguese 15 Jun 94 p 7)

Peru

Cholera—A cholera outbreak already has killed 13 people in one week in the Cayhuamarca de Macate area, 80 km northeast of Chimbote. Meanwhile, 18 others are in serious condition and could die because the area lacks physicians, nurses, and medicine. (Lima EXPRESO in Spanish 5 Jun 94 p A13)

Pneumonia—On 10 June, Peruvian Health Minister Jaime Freundt reported that approximately 40 children die of pneumonia each day in Peru. He reported on a preventive campaign against the disease, which is the main cause of infant mortality. (Madrid EFE in Spanish 0342 GMT 11 Jun 94)

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Southern Cone Health Report Through 23 June
PY2306221994

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored through 23 June.

Brazil

AIDS—On 17 June health authorities reported that 2,276 people have died of AIDS in the city of Sao Paulo in the past 11 months, or an average of seven persons per day. Brazil has the eleventh highest rate of AIDS in the world, with 18 out of every 100,000 inhabitants having the disease. (Madrid EFE in Spanish 1554 GMT 17 Jun 94)

Leptospirosis—A report published on 20 June shows that 213 leptospirosis cases and 33 fatalities were registered in Sao Paulo State in the year's first five months. The overall number of cases in 1993 totalled 123. (Sao Paulo FOLHA DE SAO PAULO in Portuguese 21 Jun 94 Section 1 p 2)

Peru

Cholera—A new cholera outbreak has been registered in Huancayo, where eight cases were detected at the El Carmen Hospital in but one day, five being in serious condition. The number of people admitted to this hospital with symptoms of the disease has increased in the past few days. (Lima EL COMERCIO in Spanish 7 Jun 94 p A16)

Malaria/TB—The dean of the Lima Medical School, Jose Neyra, on 7 June voiced his concern over the increasing number of malaria and tuberculosis cases in Peru. He said that 5,000 malaria cases have been registered so far this year in the country's northern part alone, and that 120 of 100,000 inhabitants have tuberculosis. He noted that tuberculosis mainly affects the poor areas of big cities like Lima, as well as the rural zones in Cajamarca, Madre de Dios, and other areas. (Lima LA REPUBLICA in Spanish 8 Jun 94 p 9)

Malaria—The Health Ministry reports that 3,500 people have been infected, and 12 killed, after having been bitten by mosquitoes carrying the deadly form of malaria "*Plasmodium falciparum*." Nearly 50 percent of the cases have been registered in Piura. Regional Health Chief Hugo Perez Petit said that 1,059 cases had been detected in the Grau Region, 20 percent of the total cases nationwide. (Lima LA REPUBLICA in Spanish 14 Jun 94 pp 17-19)

Uruguay

AIDS/HIV—Official figures released on 20 June show that since the AIDS disease was detected in the country in 1983 there have been 493 cases of AIDS, 252 deaths, and 1,453 HIV carriers registered. Beatriz Rivas, director of the Health Ministry anti-AIDS program, said that of the reported cases 75 percent are men and 25 percent women. (Madrid EFE in Spanish 0057 GMT 21 Jun 94)

South American Health Report Through 21 May
PA2205135394

[Editorial Report] The following is a compilation of reports on regional public health and epidemiologic developments monitored through 21 May.

Colombia

AIDS—Health authorities in Bogota have reported that the coffee producing region is one of the regions most affected by AIDS, with 4,000 cases registered to date. Nationwide, there have been 9,780 cases in the last decade; 425 were reported this year alone. Antioquia ranks first, followed by Bogota and Valle del Cauca. (Santa Fe de Bogota Inravisión Television Cadena 1 in Spanish 1730 GMT 18 May 94)

El Salvador

Cholera—Medical officials at Rosales Hospital have reported that cholera cases have increased during the last few days. "The hospital has been seeing an average of 50 cases per day" since 8 May, of which "approximately seven to 10 cases have required hospitalization." (San Salvador Canal Doce Television in Spanish 0300 GMT 14 May 94)

Cholera—A state of emergency has been declared in El Salvador's hospitals in light of the dramatic increase in cholera cases during the last two weeks, particularly in San Salvador. The most affected areas in the capital are Soyapango, Apopa, Cuscatancingo, and central San Salvador. According to health officials, "no deaths have been recorded yet, but there is fear that the disease will spread." The last outbreak, in December 1993, caused 33 deaths and hundreds of confirmed cases. (Mexico City NOTIMEX in Spanish 1647 GMT 16 May 94)

Nicaragua

Cholera—Masaya health authorities announced that seven people have died of cholera. Approximately 77 people are hospitalized for the same disease. Dr. Boris Gutierrez declared a health emergency in El Arenal, Los Chirinos, Los Pochotes, and Sabanitas, where 26 people are in serious condition and four people died over the weekend of 14-15 May. (Managua Radio Sandino in Spanish 1200 GMT 16 May 94)

AIDS/HIV—The Ministry of Health told reporters that "about 13,000 Nicaraguans are HIV positive, of whom 66 have developed serious symptoms of AIDS." A ministry spokesperson said that "this allows us to estimate that 13,000 others have also developed the symptoms." Forty-nine people have died in the last seven years. Officials are particularly concerned about a possible increase in HIV positive births. (Hamburg DPA in Spanish 1608 GMT 18 May 94)

Cholera—Deputy Sergio Ramirez Mercado reported that the Health Ministry will take steps to prevent another outbreak of cholera. This year 1,054 cases have been reported. Dr. Carlos Rodriguez, director of the Health Ministry's Epidemiology Center, said that "in Masaya alone, more than 95 cases have been reported; 30 people have died nationwide." (Managua Sistema Nacional de Television Network in Spanish 0200 GMT 19 May 94)

Panama

Aedes aegyptis mosquito—Dr. Manuel Vasquez, director of the National Malaria Eradication System (SNEM), reported that infestation by the *Aedes aegyptis* mosquito in western Panama and Panama City has increased considerably. The highest percentage is in Nuevo Corrallo, with 16.3 percent, followed by Los Nazarenos with 7.1 percent and Balboa with 3.5 percent, among others. These figures "are very alarming as the rainy season has not yet begun." (Panama City EL SIGLO in Spanish 15 May 94 p 8)

TB—Health Ministry Official Luis Vergara announced that "30 cases of tuberculosis were detected in Veraguas Province in 1994," where there is a five percent death rate. The official added that the main cause of this is malnutrition. The ministry "is launching a detection and prevention campaign" to try and control the situation. (Panama City LA PRENSA in Spanish 21 May 94 p 8A)

South American Health Report Through 24 June

PA2506132294

[Editorial Report] The following is a compilation of reports on South American public health and epidemiological developments monitored through 24 June.

Venezuela

Dengue fever—Venezuelan health authorities today reported that 2,181 cases of dengue fever have been reported so far in 1994, 542 of which are of the hemorrhagic variety. Epidemiology Director Francisco Araoz said that the number of cases could increase as the rainy season approaches. Aragua State has 109 cases; Lara State, 113; Barinas State, 65; Tachira State, 55; Trujillo State, 43; Sucre State, 39; and Caracas Federal District, 36. (Mexico City NOTIMEX in Spanish 2126 GMT 20 Jun 94)

Central American Health Report Through 3 June

PA0406025394

[Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 3 June.

Honduras

TB—Delia Tercero, director of the epidemiology department of Health Region 3, has reported 412 new cases of tuberculosis in Choloma, La Lima Department; Villanueva, El Progreso Department; Puerto Cortes, Santa Barbara Department; and Quimistan, Yoro, and San Pedro Sula. (Tegucigalpa EL PERIODICO in Spanish 3 June 94 p 13)

Malaria—Dr. Carlos Alfonso Bennaton, director of Health Region 3, has reported approximately 350 cases of malaria in the country's northern region. He has also

said this number may increase due to the people's living conditions. (San Pedro Sula TIEMPO in Spanish 28 May p 13)

Nicaragua

Fasciitis necrotisante—Health Ministry Spokesperson Fanny Prado has denied the presence in Nicaragua of the bacteria *Fasciitis necrotisante*, which can kill a person in a matter of hours by destroying the person's fatty tissues. (Hamburg DPA in Spanish 2130 GMT 28 May)

Cholera—The Health Ministry has reported 18 additional cases of cholera in several departments. Thirteen people have died in the past few months, mostly in Carazo and Masaya Departments. (Managua Radio Nicaragua Network in Spanish 1200 GMT 1 June 94)

Central American Health Report Through 17 June

PA1806C24994

[Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 17 June.

El Salvador

AIDS—El Salvador has registered 146 deaths from AIDS since the disease was first reported in 1984, 77.43 percent of which were males and 22.57 percent females, according to a Health Ministry report. Statistics indicate that 61.7 percent of the cases were transmitted through heterosexual contact, 10.35 percent through homosexual contact, 4.55 percent through bisexual contact, and the rest through blood transfusions. (San Salvador EL DIARIO DE HOY in Spanish 14 Jun 94 p 47)

Guatemala

AIDS—The National AIDS Prevention and Control Program reported on 14 June that AIDS has claimed 187 deaths in the country since it was first detected in 1984. Program Director Elma Villatoro revealed that 1,232 cases have been detected so far. She added that heterosexuals have the highest risk of contracting the disease. (Madrid EFE in Spanish 1507 GMT 14 Jun 94)

Honduras

Cholera—Health authorities on 14 June reported 20 new cholera cases; four in the western Departments of Copan and Lempira, five in the central region, and the remainder in the eastern area in El Paraiso at the Nicaraguan border. The Health Ministry revealed that 5,280 cases have been reported since 1991. Official statistics show that cholera claimed 180 lives in the past four years. (Hamburg DPA in Spanish 1955 GMT 14 Jun 94) Nicaragua

Cholera—Health Ministry reports state that more than 1,600 people have received treatment for cholera, 379 of which were hospitalized. In the past hours this epidemic has struck 12 Managua neighborhoods with 64 cases reported. (Managua Sistema Nacional de Television Network in Spanish 0200 GMT 14 Jun 94)

Panama

Malaria—Health official Dr. Manuel Vasquez has reported 15 malaria cases between 29 May and 4 June. He added that 11 cases were registered in Bocas del Toro Province and four in Darien Province. He stated that the cases registered in Darien originated in Colombia, and those in Bocas del Toro from Costa Rica. Vasquez added that out of a total of 65 cases, 38 came from Colombia, 23 from Costa Rica, two from India, and two from Nicaragua. (Panama City EL PANAMA AMERICA in Spanish 14 Jun 94 p 10a)

Central American Health Report Through 24 June

PA2506044794

[Editorial Report] The following is a compilation of reports on Central American public health and epidemiological developments monitored through 24 June.

El Salvador

AIDS/HIV—The number of AIDS cases is alarmingly increasing every day. El Salvador is the Central American nation with the most number of reported cases, following Honduras. According to statistics from the Public Health and Social Aid Ministry, there currently are 625 HIV positive cases and 605 cases of Salvadorans who have the AIDS disease. A Pan-American Health Organization report indicates that 1,345 Salvadorans have died of AIDS since 1984, when the first case was detected in the country. It is estimated that some 1,123 people have the HIV virus. (San Salvador LA PRENSA GRAFICA in Spanish 19 Jun 94 p 5)

Panama

AIDS—According to Veraguas Province Epidemiology Department spokesmen, some 17 cases of AIDS were detected in that province. This means that there were 1,700 people infected with the disease, because for each reported case of AIDS, there are 10 people who carry the virus. Most cases are the result of having unprotected sexual relations. (Panama City Telemetro Television Network in Spanish 1730 GMT 21 Jun 94)

Bovine rabies—Eduardo Serrano, Agricultural Development Ministry regional director, has reported that 10 cows died of bovine rabies in six Bique farms in Arraijan district. He added that this disease is contracted as bats bite the cows. (Panama City LA PRENSA in Spanish 23 Jun 94 p 7A)

Brazil Buys 7.5 Million Doses of Cuban Vaccine

PY1606232694 Madrid EFE in Spanish
2309 GMT 15 Jun 94

[Text] Havana, 15 Jun (EFE)—Brazil has purchased 7.5 million doses of vaccines to control a meningitis outbreak in Rio de Janeiro. This information was released today by Gustavo Sierra, vice president of the "Carlos J. Finlay" institute, which produces the vaccines.

Sierra said: "Everything will be better now because there is the idea of organizing a program for fighting the outbreaks and even for steady use of the vaccine."

He added: "This order opens a new stage in the use of Cuban vaccines in Brazil, where they will be used for controlling a meningitis outbreak in Rio de Janeiro."

Gustavo Sierra, who heads the National Group for Human and Animal Vaccines, said the vaccines are sold practically all over Latin America, where they are in various phases of use, medical registration, or distribution.

He reported that approximately 10 million doses of vaccines have been exported so far, adding that if the vaccines are properly used in a program, they can not only control outbreaks but even the disease itself in the long term.

The "Finlay" institute will advise the Brazilian state of Rio de Janeiro in a \$325 million "technology transfer" project that will permit local laboratories to produce the vaccine developed by Cuban scientists for controlling meningitis.

According to sources in Rio de Janeiro's Secretariat of Industry and Commerce, the state government is planning to create a mixed enterprise for selling the vaccine and for vaccinating some five million people under 14 before 1995.

BOLIVIA**Causes of Leishmaniasis Outbreak, Prevention Discussed**

94WE0258A La Paz PRESENCIA
in Spanish 19 Apr 94 p 1

[Text] The government will execute a plan to eradicate "white leprosy" or leishmaniasis in five years, Health Secretary Joaquin Monasterio told PRESENCIA yesterday.

There has been a violent outbreak of the illness in recent months among residents of the Provinces of Sud Yungas and Iturralde in La Paz, and Ballivian in Beni. Monasterio acknowledged that the illness reappeared because logging companies failed to take preventive measures for their employees.

"The owners of logging companies do not take any precautions. The same is true of rubber companies, which refuse to spray the plantations to prevent epidemics of diseases such as malaria. Nor do they give out preventive medication, and when an epidemic occurs, they bring the sick people to us for treatment," he said.

Until now, the government did not have a specific program to combat the illness. There were just a few

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actions carried out by the church through Caritas, non-governmental organizations, and the Bolivian Institute of High-Altitude Biology.

The program will be implemented in the departments of Pando, Beni, Santa Cruz, Cochabamba, Tarija, and La Paz, and will cover a population estimated at 1,231,000 people.

After a tour of communities such as Charcas, Ixiamas, Yucumo, Colorado, northern Covendo, and other parts of the La Paz and Beni jungle, the bishop vicar of kings, Monsignor Roger Aubry, announced last weekend that there are at least 500 cases and more may appear.

The illness does not kill its victims, it merely weakens them, and may recur. If it does, it attacks the mucous membranes, the nose, and the throat. The second phase requires emergency hospitalization for three or four months and may be fatal.

The disease has been in this area forever, but it was kept under control thanks to international cooperation in supplying the medication glucontime, which is no longer available.

Caritas is trying to obtain \$500,000 in funding to purchase medication for the illness.

The epidemic has hit not only Upper Beni but also the rural population of northern La Paz, said the chairman of the La Paz Civic Committee, Roberto Freire. He praised the work of Caritas, which, as an institution of the church, is able to obtain funding to alleviate the situation.

Pando Bishop Says Rise in Malaria Cases Ignored

94WE0258B La Paz PRESENCIA
in Spanish 16 Apr 94 p 2a

[Text] Riberalta, 15 April—Health authorities' concern about a case of hemorrhagic fever in central Beni contrasts with their apparent lack of concern over malaria in this region.

Monsignor Luis Casey, bishop of Pando, after receiving a report from missionaries traveling along the rivers, studied the situation and stated that the authorities do not care about the hundreds of people who are suffering from malaria or have died from it. "The authorities accept the frequent death of peasants in rural areas as a normal occurrence," said the bishop.

The Rural Pastoral Institute (IPR) team, which travels the region's rivers and highways frequently, discovered on its last visit that there are a large number of malaria cases that are never treated. They visited 59 rural communities along the Beni, Madre de Dios, Orthon, Manupare, Manurimi, and Genesguaya Rivers, and in every community there are at least five malaria cases, they said, but no one does or says anything.

This team announced that in recent months, at least 200 people have died, which means that malaria is causing more deaths than AIDS, cholera, and hemorrhagic fever, but everyone regards it as a natural phenomenon.

The peasants have expressed their concern to the missionaries, who stated that the fumigation brigades have not visited them in a long time. The IPR visits each community three times a year, and has reported that the fumigation brigades have been passing by the communities where there are sick people.

The peasants complained that merchants take advantage of the health authorities' neglect by selling medications at high prices, almost always in a barter situation.

Monsignor Casey said that this situation worries him, because national authorities move in teams of people in response to an outbreak of hemorrhagic fever, "but they forget that in this region people are dropping like flies because of malaria."

Malaria Official: "No Funding"

The head of the antimalaria program, Dr. Jorge Cuba, acknowledged that there has been no improvement because there are no funds to carry out the task in such a vast and complex region.

Cuba stated that early this year a survey was conducted and it was learned that of 370 rural communities located along rivers and highways, 266 had malaria problems, but nothing has been done because the government has not provided financial assistance.

The doctor admitted that at least 200 people have died recently, and there are many other cases that go unreported, with the victims dying anonymously. "We have not received any aid since January. After the strike last year, we worked just one month, and nothing was done after that," he confessed.

According to the government, 100 kilos of ICON [expansion not given] was supposed to be sent, but only 18 kilos was provided—enough for one month. No one has gone out to the rural areas since January, due to a lack of funds, and as a result, the rate of illness jumped from 12 percent in December to 29 percent in March.

The surveys taken by the evaluators reveal that there have been 111 cases of malaria in the last three months, but many people do not go to a medical center because they prefer to treat themselves or to live indefinitely with the disease.

The Malaria Control Service has 39 officials covering the entire region, and three boats for spraying, delivering medications, and conducting a health education campaign, all under the supervision of three inspectors.

Each of these persons receives a per diem of 25 bolivianos, which is very little. The sprayers have to walk all the way to the communities that are infected with malaria.

Monsignor Casey, after listening to the doctor's explanation, said that the authorities are not very committed to solving the problem. He also said that because the illness is endemic to this region, which is far from the centers of power, they are not very concerned about it.

"Malaria is a disease that kills whole families, but many of them just die quietly, so no one cares about what is happening in the region."

He expressed regret that some officials focus only on the cold, hard statistics, without viewing the situation firsthand: "Those of us who travel along the rivers and in the rural areas know how the peasants live, and that is why we are sounding the alarm so that the government will go to the countryside as well," said the bishop.

The vicar, who is in charge of the Catholic Church of Vaca Diez and the entire department of Pando, stated that in all of his visits to rural communities, he never ran into a government official unless it was election time.

CUBA

Doctor Addresses Seminar on AIDS Vaccine Research

*FL1006202294 Havana Radio Rebelde Network
in Spanish 1700 GMT 10 Jun 94*

[Text] Dr. Gustavo Sierra, who helped discover the meningitis-B vaccine, has said that Cuban research into an AIDS vaccine is progressing. Sierra told Latin American delegates to the Second Infectious Diseases Seminar [infectologia] that many researchers believe that such a vaccine will be found by the end of the century, while others believe that it will be found much sooner. Sierra went on to say: We are sure of one thing: If we are not among the first, we will not be the last and we will not give up.

ECUADOR

Epidemic Outbreak in Coastal Areas Observed

94WE0251A Quito HOY in Spanish 13 Apr 94 p 7B

[Article: "Outbreak of Epidemics"; first paragraph is HOY editorial introduction]

[Text] In El Oro Province diphtheria has taken two lives. Cholera, malaria, diphtheria, and classical dengue fever, among other diseases, are matters of concern to the authorities of the Ministry of Health and provincial officials along the coast.

Guayaquil—Diseases such as cholera, malaria, diphtheria, classical dengue fever, and other illnesses are proliferating in several coastal provinces, according to official reports, causing concern among the residents.

The rains, which have caused stagnant water to accumulate in yards around individual homes, as well as the perennial lack of proper sanitation and inadequate cooperation by the

residents, are causes for the renewed outbreak of several diseases which often occur during the winter [southern hemisphere] season.

Concern became more widespread in El Oro Province when the people became deeply concerned after the death of two persons from diphtheria.

Long lines are to be found at the doors of health centers where people are seeking to be inoculated and in this way to avoid becoming affected by this disease.

Esmeraldas Province

Esmeraldas Province has been affected by its isolation, the lack of safe drinking water in urban and rural areas, and a widespread lack of proper sanitation. This province heads the list of the areas affected by malaria, with more than 15,000 cases recorded.

In addition to malaria Esmeraldas Province also is faced with cholera. So far in 1994 four persons have died and more than 45 persons, including both adults and children, have come down with the disease.

Manabi Province

In this province cases of malaria are perennial. About 1,200 cases have been recorded so far in 1994, particularly in the rural and forested areas of the province.

Tens of cases of classical dengue fever have also occurred, due to the widespread incidence of mosquitoes, which breed in puddles of water which winter rains have left in the yards surrounding the homes of residents of Manabi Province.

Guayas Province

In this province dengue fever has proliferated since 1987, in addition to cholera, which appeared in March 1991, and malaria, although this disease has been found to a lesser extent.

Dengue fever has caused discomfort to at least three residents of the province who come every day to the hospitals operated by the Ministry of Health. So far in 1994, 100 cases of the disease have been recorded.

Officials of the ministry have not denied the possibility that other persons may have come down with cholera and dengue fever, due to the high incidence of mosquitoes, as well as the lack of proper sanitation and the consumption of poorly prepared and contaminated foods for sale in the streets.

Rosa Soriano Acosta died of cholera, the only one in Guayas Province so far in 1994. Nevertheless, it is not denied that there may have been other cases, particularly in outlying areas where health conditions are notoriously bad.

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Regarding diphtheria, a disease which affects the respiratory passages and even the heart, four persons have been affected, none of whom has died. They were isolated in the hospital for contagious diseases and ultimately recuperated.

Medical Federation Releases Epidemic Data

94WE0280A Quito *EL COMERCIO* in Spanish
7 May 94 p A-7

[Text] The lack of basic health services and the critical socio-health conditions in which certain population groups live constitute the ideal culture medium for the outbreak of contagious diseases in the country, according to a report of the Ecuadoran Medical Federation.

The physicians' organization reports that diphtheria—which has taken on epidemic proportions because of the large number of new cases reported—is a cause of concern and fatalities, but certain social groups in rural areas in particular are also affected by other diseases.

Nevertheless, data released by the medical federation were at odds with those of the Ministry of Health, whose minister cast doubt on the information supplied by the medical professionals.

The greatest incidence of diphtheria in the country occurred in the Province of Pichincha, with 385 cases and 43 fatalities, while nationwide a total of 1,187 persons were infected by the illness, according to the Ecuadoran Medical Federation's statistics.

Their information is obtained from reports sent by doctors who work in the various centers and subcenters of the country, the same reports that form the basis for the epidemiological indices of the various provinces, says the federation.

According to the same source, in the Province of Esmeraldas there are 600 cases of cholera, 240 cases of classic dengue fever, and 35,000 cases of malaria and plasmodium vivax.

There is a higher rate of dengue in Guayas, with 2,820 cases. Also reported are 3,700 cases of malaria, 187 of typhoid, and 137 of diphtheria including one fatality.

In the Province of El Oro 122 cases of diphtheria with three deaths have been reported, along with 335 cases of dengue and 145 of cholera.

In the Province of Tungurahua, 87 cases of diphtheria have been reported, of which one was fatal.

Finally, 67 cases of diphtheria, of which one was fatal, and 145 cases of cholera, have been reported from the Province of Chimborazo.

As a means to guarantee better care and treatment of persons affected by diseases such as diphtheria, cholera, dengue, malaria, tuberculosis, and others, the medical federation proposes the establishment of an efficient system of epidemiological reporting.

According to the doctors, there was supposed to have been total registration of immuno-preventive diseases throughout the country 14 years ago, but this did not happen due to the lack of a single national health system.

Furthermore, the doctors claim that the so-called national generic medicine plan "is a joke," because it does not lower the cost of medicines to a large part of the population, which might obtain at lower cost the medicines necessary to fight disease.

Doctor Carlos Freire, subdirector of the Hospital of the South, denied that there was an outbreak in the city of the deadly disease of diphtheria and said that medical federation reports of the disease spreading must be verified.

Freire said that only one case of diphtheria in the southern part of Quito had been reported in the last two weeks. The patient is a 38-year-old woman, a resident of the La Magdalena quarter, who continues under treatment at the Hospital of the South.

Since March 1994, the Hospital of the South has taken in 38 verified cases of diphtheria, four of which presented complications, but there were no fatalities.

The director of Eugenio Espejo Hospital, Ernesto Mantilla, said that one can say that the disease is under control in Quito, as the last case of diphtheria entered the hospital on 6 April 1994.

Before that date, 37 diphtheria patients were hospitalized, two of whom died.

[Box, p A-7]

Lack of Basic Health Services

About 45 percent of the country's urban poor have no access to basic health services and live in deplorable social and health conditions, according to the Ecuadoran Health Federation.

Meanwhile, despite the increase in the country's population, the operating budget for health care was reduced to 3.5 percent of the general state budget, a fact described as inconceivable by those working in the health care area.

Funds currently allocated represent 50 percent of what was authorized each year during the decade of the 1980's, which makes the fulfillment of the objective set by the Pan-American Health Organization, to supply the entire population with basic health services, a utopian dream.

INDIA

Reports Continue on Fight Against AIDS

Cases in Himachal Pradesh

94WE0261A Bombay THE TIMES OF INDIA
in English 25 Mar 94 p 15

[Text] Shimla, March 24—The Himachal Pradesh chief minister, Mr Virbhadr Singh, on Tuesday informed the house that 22 cases of HIV positive had been detected in the state, of which 21 were sexually transmitted and one was due to blood transfusion.

He said the maximum number of cases (15) had been detected in Hamirpur district and one each had been reported from Kangra, Mandi, Shimla and Bilaspur districts. "Three foreigners had also tested HIV positive and they have been deported," he added.

About the large number of HIV positive cases being from Hamirpur, he said a number of people from there were taxi drivers in Bombay or were employed as truck drivers, plying to the metropolis, where they probably got infected.

He said the government was aware of the dangers of the spread of the disease and all measures were being taken to prevent and control the HIV infection. "Blood screening is being done in all district hospitals, except Kullu, where the facility will be available soon," he added.

Mr Singh said that a special drive had been launched to educate truck drivers of the dangers of AIDS. Non-government organisations were also being encouraged to involve themselves in educating the masses.

To a question by Maj Vijay Singh Mankotia (Cong), Mr Singh said that sub-standard medicines and equipment worth over Rs 1.85 crore had been supplied during 1990-93. Prosecution had been launched against 11 firms while investigation was on in the case of two others.

The chief minister asserted that no firm or person found guilty would be spared. He said cases had been registered against government officials which were being investigated by the vigilance department.

He said the government was considering giving more routes for operation to private parties so as to curb the losses of the Himachal Pradesh Road Transport Corporation (HPRTC) and provide better service to the people.

To a question by Mr Sat Mahajan (Cong.), he said efforts were being made to increase the involvement of the private sector as the HPRTC fleet had remained static at 1,605 vehicles and the Planning Commission had refused to give funds to offset the losses by the corporation.

Maharashtra Research Center

94WE0261B Bombay THE TIMES OF INDIA
in English 18 Mar 94 p 3

[Text] Bombay, March 17—The Public health minister, Ms Pushpatai Hiray, today announced that the government would shortly set up an AIDS research centre at the government run JJ hospital here.

Replying to supplementaries on a calling attention notice by Mr Dharamchand Choradia (BJP) and others in the legislative council about the increasing number of AIDS cases in Kolhapur, she said the centre is expected to start functioning by the end of the month.

Ms Hiray said the centre was being set up with the help of the Texas University and added that the government intended to start AIDS detection centres even at the taluka level and the programme would be implemented depending on the availability of funds.

Mr Pramod Navalkar (Shiv Sena) pointed out that gays were a high risk group and their number in the metropolis was increasing. They were openly meeting at a spot near Nariman Point and even running a magazine. They were attempting to legitimise homosexuality and an end must be put to this, he demanded.

Ms Hiray accepted a suggestion of Mr Navalkar to send the minister of state for public health with him to see the living conditions of prostitutes, who were another high risk group.

Ms Hiray said of the 49,818 bottles of blood that were tested for AIDS at the Kolhapur regional laboratory, 1,153 were HIV positive.

HIV-Related Tuberculosis Cases Reported in Haryana

94WE0262A Bombay THE TIMES OF INDIA
in English 28 Mar 94 p 9

[Article by M.L. Kapur: "Three HIV-T.B. Cases Reported in Haryana"]

[Text] Faridabad, March 27—A fatal combination of the Human Immuno-Deficiency Virus and tuberculosis seems to have taken root in this industrial town of Haryana, with at least three cases of an HIV-TB nexus being reported in the past one month.

In one of the cases, this proved fatal, with the patient dying within 24 hours of being brought to the Escorts Medical Centre. The wife of the other victim also reported HIV positive, though their four-year-old son was found to be free from the deadly infection.

The family of the other victim fled to its native place in Bihar to avoid social stigma, so it could not be ascertained whether the victim was suffering from AIDS.

In the latest case reported last Thursday, a lady in her late forties tested HIV positive on being subjected to the Elisa Test by the centre.

It is learnt that all three AIDS victims were also suffering from T.B., making them the first reported cases of the fatal HIV-T.B. combination in the country, thus putting India on the AIDS-T.B. nexus map of the world.

According to Dr N.K. Pandey, medical superintendent of the Escorts Medical Centre, the state health authorities appear to have adopted an ostrich-like-policy towards Tuberculosis eradication. This disease unlike AIDS, is curable and is endemic among the industrial workers who live in sub-human conditions here.

Dr Pandey, a fellow of the Royal College of Surgeons and a senior consultant in surgery, stressed that the government ought to give due weightage to the T.B. eradication programme, for in case a T.B. patient also contracts AIDS it is virtually impossible to save him or her despite the best of medical attention, since the immune system of the patient is totally destroyed with HIV infection.

He said the first case of AIDS was reported in Faridabad over two years ago. The patient was an NRI [Nonresident Indian] on a visit to New Delhi from the United States. Fearing social stigma, he chose to get his blood tested at the Escorts Medical Centre.

At that time, Dr Pandey said, his hospital did not have the Elisa Test Kits and the blood sample was referred to the Indian Council of Medical Research (ICMR), New Delhi. On testing HIV positive, the NRI immediately fled to the United States, so his fate could not be known.

The information was passed on to the district health authorities for records, but they chose to suppress the information from the public. Had the state health authorities taken precautionary steps, the situation would not have gone out of hand, Dr Pandey feels.

It is surprising that the district health authorities were sanctioned a budget of over Rs 3 lakh during this financial year, but they did precious little by way of creating awareness about AIDS in the district through any publicity campaign. The only steps taken by them were pasting some posters in the government-run Badshah Khan Civil Hospital here and primary health centres in the district.

Now that four more cases have come to light in just one month, the office of the chief medical officer, Dr J.S. Sohi, has ordered that four AIDS awareness hoardings be installed at the two local railway stations, bus stands and the government college.

Though Elisa Kits were provided to the local blood bank in the civil hospital a year ago at the time of the AICC [All India Congress Committee] session held at Surajkund, a senior doctor of the hospital commented, requesting anonymity, that "a lot remains to be done in creating awareness towards AIDS."

Officials Give Statistics on Incidence of AIDS

AIDS in Goa

94WE0264A Bombay THE SUNDAY TIMES OF INDIA in English 17 Apr 94 p 9

[Text] Panaji, April 16—The Goa minister for tourism, Dr Carmo Pegado, has stated that there were 381 HIV cases in the state, 92 of these cases were Goans and 264 were from neighbouring states. The number of foreigners who were HIV positive was 25.

Dr Pegado gave these figures while inaugurating an eight-day training session on "AIDS management" on Thursday. Since there was no cure for the dreaded AIDS, the only solution was to educate people to take preventive measures.

The programme is being organised by the national AIDS control association of India, NACO, and the World Health Organisation. Doctors from different parts of India are attending the eight-day programme.

The statistics of HIV positive people in India are said to [be] one of the highest in the world, according to Mr. Patrick Brenny of The World Health Organisation.

Mr. Brenny gave this information at a press-meet at the start of another four-day national workshop on HIV AIDS, ethics and law organised by the Lawyers Collective, Bombay.

The workshop which brings together AIDS activists, lawyers and health workers, is aimed at developing a legal network of lawyers who would be able to tackle the issues thrown up by AIDS.

Advocate Mr. Anand Grover of the Lawyers Collective said the workshop would not draft laws to deal with the various medical, ethical and legal issues of the disease as the central government has its own procedure for doing so.

With an increasing number of AIDS and HIV patients and the lack of sustained education on the issue, he envisaged that patients would be left out in the cold, discriminated against and not provided adequate medical care or counselling.

AIDS in West Bengal

94WE0264B Calcutta THE STATESMAN in English 9 Apr 94 p 4

[Text] Four college students of Calcutta have been infested with AIDS. About 50 per cent of the students of Manipur and Nagaland are HIV positive. West Bengal ranks fifth in the country in the spread of the disease. Malaysia, Myanmar and India are the three Asian countries where AIDS can strike in a big way in the near future. About 200 HIV positive cases have been detected in the State, 18 of them developed full-blown AIDS symptoms and 11 have died. Siliguri and Calcutta are the main problem areas in the State.

These were some of the facts that were discussed when Mr Jyoti Basu met representatives of the chambers of commerce, the Tea Association, the World Health Organization, universities, the Overseas Development Association and NGOs [non-government organizations] at Writers' Buildings on Friday.

He stressed the need for building awareness among the people so that they refrained from such acts which might cause HIV infection and also to make them more sympathetic to the AIDS victims.

The Health Minister, Mr Prasanta Sur, told reporters that it was beyond the capacity of the State Government alone to combat the disease and the State-level AIDS committee, under the chairmanship of the Chief Secretary, would coordinate with the NGOs and other agencies.

The Chief Minister had earlier held a meeting on the subject with the Ministers in charge of Labour, Transport, Social Welfare and Health, Mr Sur added.

Doctors Said Hopeless Regarding AIDS Cure

94WE0269A New Delhi JANSATTA
in Hindi 3 May 94 pp 1, 10

[Article by Rashida Bhagat: "Doctors Still Apathetic and Heartless Toward AIDS Patients"]

[Text] Madras, 2 May 1986: All eyes were focused on Vijya. She was a prostitute afflicted with AIDS. She was admitted to the government-run K.G. Hospital for delivery of her baby. Every doctor with 8-hours duty schedule hoped that Vijya would not start her labor when he would be on duty. Therefore, she was given sleeping pills to keep her asleep. Finally, two house surgeons delivered her baby. Vijya was very thankful to them and named her son after them—Sunder-Rajan.

1993: A five-month old child found in a trash bin was brought to an orphanage. The child was very sick and did not recover after a lot of treatment. He was then admitted to a private hospital. Further examinations revealed that the child was suffering from AIDS. The hospital refused to treat the child and returned him to the orphanage immediately.

1994: The Udvam Karangal [helping hand], a volunteer organization, registered a two-month old baby in a hospital. This baby was born to a mentally retarded woman who was gang raped by fishermen in Madras streets. It was learned after 21 days of treatment that the baby had AIDS virus. After that the "temple of treatment" closed its door to the baby. The baby lost this struggle in two months and died in the orphanage.

The attitude toward AIDS patients in Madras has not changed at all between 1986 and 1994. There can be some decrease in the amount of misunderstanding about AIDS, but the doctors "mind is still so sick" that they still get scared seeing such patients. After all, they are the

part of the society that thinks its duty about AIDS is complete just by making some moral comments on the increase in the number of AIDS cases.

Two years ago, the orphanage also made the example set by the hospital as its model and closed its doors to babies with AIDS. It also expelled the child found in the trash. Suniti Solomon, former professor of bacteriology in Madras Medical College, told us, "The child was left with me. I asked women with AIDS who were in the government shelter if any one of them was interested in adopting the baby. These women were arrested for being involved in immoral activities. One of those woman came forward and she has that baby now."

However, the most interesting incident took place after that. That baby is a healthy and growing 18 months old child now. There has been a surprising improvement in his health during the last year. The AIDS check showed that there was significant reduction in antibodies. In other words, he has recovered from AIDS. The fact is that only 30 percent of the children of AIDS-afflicted mothers suffer from AIDS. It appears that the AIDS diagnosis was wrong in the beginning because at that time his mother's antibodies were present in his blood.

Now the doctors are in a dilemma whether to leave this healthy child with the mother whose life is threatened by AIDS. It is true that she had adopted that child when no one else was willing to take him. However, there is no cure for AIDS at present and the mother might die of it. What will happen to the child then? All the local orphanages are ready to accept the 18 months old healthy child. However, that lady is not willing to separate the child from her and she is right in doing so. After all, she had accepted this child when it was kicked out by everyone.

Dr. Solomon has seen 12 children with AIDS during the last two years. They are all innocent victims of this disease and had caught it from a needle or contact with contaminated blood. Each of these children's story include incidents of dire apathy and heartlessness of doctors and hospital employees. This very group is responsible for these children getting AIDS. AIDS epidemic is many years old now. However, there are still no dearth of doctors who use a needle 20 or 30 times without washing it. Boiling it is out of question.

As for the blood banks, it is no secret that despite government's assurances and directives to stop the practice of selling blood, this trade is still going on. There are no arrangements to check people for AIDS before they give blood. The less said about it, the better.

In this situation, the death of a three-year-old girl (name withheld) last year should not surprise anyone. She was the daughter of a Salem businessman and had caught AIDS from her mother. The mother was infected by blood transfusion in a private hospital. She was given blood during her pregnancy. The girl began to get sick repeatedly after her second birthday. She was brought to Madras Medical Hospital where Dr. Solomon diagnosed

her to have AIDS. Said Dr. Solomon, "We examined her parents. The mother was already afflicted and now the father has also caught it."

India Leads World in HIV-Positive Cases

94WE0289A Bombay THE TIMES OF INDIA
in English 4 May 94 p 25

[Text] Bombay, May 3: India with 2.5 million estimated HIV-infected people today tops the world with the highest number of HIV-positive cases in any single country, according to the Indian Health Organisation [IHO].

India earned this dubious distinction in a record time as the infection may have been spread 20 years after Africa and 10 years after the U.S.

Dr. M.H. Merson, director of the global Programme on AIDS at the World Health Organisation, endorsed the IHO estimates during a recent visit to New Delhi and described India as topping the world for HIV infections.

Earlier, the reputed Harvard AIDS Institute from the U.S. had also endorsed the IHO estimates and projections. India tops in Asia among the single largest contributor of AIDS cases, though the rate of HIV infection as well as AIDS is higher in Thailand.

Poor Administration of Malaria Program Scored

94WE0262C Bombay THE TIMES OF INDIA
in English 21 Mar 94 p 12

[Article by P. Sainath: "Malaria for All by 2000 A.D."]

[Excerpts] Nuapada & Malkangiri (Orissa)—When people began to die of malaria in Birighat village of Nuapada district in 1992-93, Ghanshyam Bithria knew the time had come for him and his colleagues to start maintaining a record of the deaths. If they didn't, no one would. They logged at least 17 malaria deaths in this Khariar block village. In January this year, five others joined the lethal list. None of this finds any reflection in the register of deaths at the local primary health centre (PHC).

In nearby Kusmal village, six persons died of malaria in December 1993 and January 1994. The previous year's list was not shorter than that of Birighat. In Khalna, Bihari Lal Sunani, who has undertaken a survey, told me "More than 40 per cent of this village suffered from malaria in January-February. It was worse after the monsoon last year." In the extremely backward Bhoden block, Ghasiram Majhi, sarpanch of Bhaisadani, spoke unhappily of how "At one point, just after the monsoon, there were four to five people having malaria in each household."

Malkangiri district is perhaps the only region playing host to all the four known malaria parasites in the world, including *Plasmodium falciparum* responsible for cerebral malaria. Earlier, it had been assumed that India was home to only three of the parasites. Both Malkangiri and

Nuapada are in Western Orissa, where malaria has staged a major comeback. They constitute the poorest districts of that state and are home to some of the poorest citizens of this country. Those citizens, however, have some ideas about why it is happening.

[Passage omitted]

The illiterate locals are not too far off the mark. The "austerity" imposed by the new economic policies saw a staggering 43 per cent cut in the National Malaria Eradication Programme (NMEP) in the 1992-93 budget. Consequently, notes Dr Sujatha Rao in a paper for the Foundation for Research in Community Health, Bombay, "several states have reported a setback in the programme for lack of Central funds. In fact, the malaria eradication programme is the source of funding for the multi-purpose worker who is responsible for many vertical disease control programmes at the village level. Thus, a cut in the NMEP funds is bound to have repercussions on other programmes as well." It has. At least eight persons died of dysentery last year in Sialoti village where there were simply no multi-purpose workers.

The percentage of Orissa's population affected by malaria even in the mid-80s, at 13.6 per cent, was double that of Maharashtra's. Yet, that state's *per capita* revenue expenditure on disease programmes, at Rs 3.41, was less than half that of Maharashtra's. With the coming of the era of austerity and both cutbacks and decline quality of services, those figures went out of hand in 1992-93. Besides, in Nuapada district, carved out barely a year ago from old Kalahandi district and the poorest part of that infamous region, official data reveals that 26 of 54 posts of doctors are lying vacant.

In 1993-94, some spending levels were restored, but the damage was done.

For instance, malaria figures at the PHCs [expansion not given] and those of the Mission Hospital at Khariar vary dramatically. At the latter, Dr Ajit Singh showed us over 20 mosquito-related deaths on his register in 1993. "We had as many as 52 cases of cerebral malaria in 1993," he says. "There would be at least ten ordinary malaria cases for each cerebral malaria case—meaning we treated a minimum of 570 malaria cases last year."

In the register at the Khariar PHC, there were just three deaths attributed to cerebral malaria in six months. However, there were 216 deaths listed as 'cause not known' and 87 listed as having died of 'old age.' Over 95 per cent of deaths had not been medically certified. Over 90 per cent had received no medical attention. Some who died of "old age" appear to have been in their fifties and "old age" deaths were concentrated in particular months. In June 1993, before the rains, there was not a single death from old age. In December, there were 21.

A disgusted local doctor explains why people will go on dying of old age and causes not known in Nuapada or Malkangiri: "Suppose a person falls ill on day one. On

day five, the local health worker may visit his or her village. On day six a test is taken and the slides sent to the PHC by day seven, if lucky. The overburdened lab technician will take a week to study the slides. On day 15, the positive case goes back to the health worker and a further delay of two or three days occurs. Then the health worker takes the medicines and may take three days to touch that village on his rounds since he is often doing too many villages.

"This means a gap of usually [figure indistinct] days before the affected person gets treatment. This not only devastates the individual, it also means a mosquito can meanwhile take the parasite from the affected person and spread it to others. If this sort of medicine shortage, funding cuts and logistical system keeps up, we could have not Health, but Malaria For All by 2000."

Tuberculosis Third Largest Killer in India

94WE0262B Bombay THE TIMES OF INDIA
in English 25 Mar 94 p 11

[Text] Ahmedabad, March 24—Tuberculosis (TB) is killing three million people every year, while another eight million are being infected by it. These facts were revealed by WORLD HEALTH, a publication of the World Health Organisation (WHO).

Unless immediate action is taken, it cautions, TB will claim 30 million more lives in the next decade. It is in the developing world that TB still finds most of its victims—more than 95 per cent of the cases and deaths recorded. However, the number of cases in the United States, Switzerland, Netherlands and the Scandinavian countries have increased dramatically in the last five years, as the disease returned after showing a decline for nearly 35 years.

In India TB is still a major threat, though of late it has been seen that heart and mental ailments are claiming more lives. A survey of the registrar-general of India shows that cardio-vascular diseases take the most number of lives. However, TB is still the third largest killer.

Cases of tuberculosis have been reported from almost all states. However, the largest number of cases have been found in Madhya Pradesh, Gujarat, Rajasthan and Andhra Pradesh. In Madhya Pradesh 8.5 per cent of deaths in rural areas occur because of TB, while in Gujarat the figure is 8.3 per cent.

New Strain Prompts Fears of Cholera Pandemic

94WE0265B Calcutta THE STATESMAN
in English 8 Apr 94 p 16

[Text] New Delhi, April 7—Medical experts fear the outbreak of a cholera pandemic—an epidemic spread over a large area—with a new toxic strain spreading its tentacles across not only India but Southeast Asia, reports PTI.

A report in the Indian Journal of Medical Research by T. Jacob John and Mary Jesudasan—attached to Christian Medical College and Hospital, Vellore—warns that there is no pre-existing immunity in any population to the new cholera germ called *virbio cholerae* 0139. The report adds that the stage is set for what could be the eighth cholera pandemic, which may already have started in South India.

The strain was first detected in South India in September 1992. By December of that year it had reached Bangladesh and within another four months it had crossed into Thailand.

The new strain, which produces copious amounts of the cholera toxin, moved from southern peninsular India to spread both inland to Nagpur and Wardha and along the coastline of the Bay of Bengal via Visakhapatnam and Calcutta and into Bangladesh. By May 1993 it was found in Haryana and Punjab.

The speed with which it has reached nearly all parts of India and as far as Bangkok within about six months of first being detected indicates its propensity to survive and spread.

Besides the Vellore study, the latest issue of the journal carried a series of independent reports by doctors from Yavatmal and Sevagram in Maharashtra, Rohtak in Haryana and Ludhiana in Punjab, all confirming the emergence of the new strain.

Unpublished data also indicates outbreaks of cholera due to the new strain in Bangalore, Pune, Jabalpur and Delhi.

The new clone, which was earlier identified in Vellore, Madras, Mysore, Amravati, Madurai, Visakhapatnam, Nagpur and Calcutta, has largely replaced the *v cholerae* 01 strain in several cholera-endemic areas, indicating that the pandemic has begun.

What has caused alarm in medical circles is the fact that large epidemics of cholera were earlier associated only with *v cholerae* 01. The non-01 groups were linked to only sporadic cases of gastroenteritis and intestinal infections without any potential to turn into epidemics.

However, the strain is found to be sensitive to tetracycline, the antibiotic of choice in the treatment of cholera due to the 01 strain. It is resistant to drugs commonly used to treat diarrhoeal illnesses.

All communities are immunologically susceptible to the new strain, unlike the earlier 01 strain which affected children more than they did adults.

The new strain first came to light at Vellore where for many years seasonal outbreaks of cholera due to the *cholerae* 01 occur each year between May and October.

However, doctors at CMC [expansion not given] observed that from September 1992, cases of cholera increased but the isolation of *v cholerae* 01 was unexpectedly low. On the

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other hand, the number of non-01 cholera strain isolates increased on an unprecedented scale, of which the 0139 group was the maximum.

The new group was also predominant in an outbreak in Madras in October 1992. In Calcutta, the new clone was observed in November 1992 and an outbreak was recorded in February 1993.

The strain was again found in stool samples presented by investigators in Vellore, Madurai, Madras, Mysore, Amravati and Nagpur to the National Institute of Cholera and Enteric Diseases in Calcutta after October 1992.

The amount of toxin produced by the Madras strains ranged from 10.4 to 80 or more nanograms (one nanogram is one-billionth of a gram) per ml, which corresponds with that normally produced by wild strains of *cholerae* 01.

Gastroenteritis Spread Reported in Howrah

94WE0265A Calcutta *THE STATESMAN* in English
12 Apr 94 p 1

[Text] Howrah, April 11—Gastro-enteritis claimed seven lives and affected 207 people over the past 10 days in Howrah, bringing the total number of attacks to 870 and the death toll to 18 in the area since March this year.

PAKISTAN

AIDS Patients Said to Double

94WE0259A Karachi *AMN* in Urdu 10 Apr 94 p 3

[Article by Mah-Naz Rehman: "The Number of AIDS Patients Doubles in Pakistan"]

[Text] Any person returning to Pakistan after seven or eight years feels one thing very clearly and that is our society's decline. Morals are falling and money and social status have become people's religion and faith. Honesty is not the best policy any more. Making money by any means has become the best policy.

As a reader and writer of Pakistani newspapers, I see another difference which is the difference between the English and Urdu press. The Urdu press limits itself to publishing statements of some politicians and columns of some established columnists. The broader subject matter that is presented in English newspapers is not even touched by Urdu newspapers. Let us take the fatal disease of AIDS. English newspapers and magazines publish detailed reports about it. However, Urdu magazines and newspapers either do not publish anything about AIDS or give a vague and brief account of it. The readers fail to understand what AIDS is.

Communications media all over the world are running informative campaigns about AIDS these days. Our communication media is silent about it. Recently, English newspapers and magazines have started publishing reports

about it, however, the English-speaking community already is aware of these issues. Those who really need this information are illiterate or read Urdu newspapers only. What we need is to arrange for publications and broadcast detailed articles and features about AIDS on radio, television and in Urdu newspapers.

According to the English press in Pakistan, the present AIDS situation in Pakistan is like this. The number of persons who have AIDS virus in their blood have doubled since 1990. Some people do not even know that they are hiding such a deadly disease in their bodies. Therefore, the question of their taking precautionary measures does not even arise. The possibilities of this illness spreading is increasing. Many Pakistanis suffering from AIDS had been sent back from Gulf countries.

The problem is that people in Pakistan try to hide this disease. If a person learns in a hospital that he is suffering from AIDS, he suddenly disappears and the hospital authorities never see him again. We do not know if that person will spread this sickness among others.

Fortunately, this sickness is limited to some specific groups in Pakistan. The government and other agencies can stop this sickness from spreading if they so desire. The main source of spreading this affliction is sexual contact. Therefore, it is time that people received instructions about precautionary measures when engaged in sexual activities. Nawaz Sharif's government had refused to give permission to start a publicity campaign against AIDS because discussing sex in our society is taboo and the government did not want to make problems for itself even when the country was facing serious problems.

The second major cause of AIDS is transfusion of tainted blood in hospitals. It is important to make arrangements for screening all blood banks. At present only Agha Khan Hospital in Karachi screens blood before giving it to other patients. At the same time, we need to educate people about AIDS and inform them about precautionary steps. If we do not take these steps, we will continue to read news items in newspapers about such and such person committing suicide and someone else suddenly disappearing. In addition, people treat AIDS patients as if they were untouchables although these sick people are human beings and they deserve dignity. Until the society adopts a responsible attitude about this sickness, it will not be possible to control its spread.

Everywhere in the world the actual number of AIDS patients is much larger than official numbers. According to the figures released by the National AIDS Program this past January, the number of persons effected by AIDS virus in Pakistan is between 10,000 and 20,000. According to a doctor working in the United Arab Emirates, 353 Pakistanis were sent back to Pakistan from UAE after they tested positive for AIDS virus.

These figures reveal this scary fact that the AIDS sickness has reached a take-off point in Pakistan. It has been proved from the prevalence of AIDS in all over the world that once this sickness spreads from specific groups, known as high risk groups, and reaches the general public, its rate of spread accelerates rapidly.

The ignorance and lack of information is the greatest block in stopping the spread of this sickness in Pakistan. According to one assumption, the first case of AIDS was discovered in Pakistan in 1986. However, it is possible that some people who had supposedly died of pneumonia and tuberculosis had actually died of AIDS. The relatives of the patient and even the doctors did not know about this sickness at that time. The situation has not changed much, and it is possible that some deaths are wrongly diagnosed.

The groups in Pakistan that have more possibilities of becoming sick with AIDS or are high risk groups are patients suffering from various sex-related disease, prostitutes, truck drivers, prisoners, and drug abusers. It is obvious that when a contagious disease spreads, it does not limit itself to specific groups. The laborers and sailors returning from Gulf countries and most of the people visiting other nations and their wives have a higher possibility of getting this sickness. The other group that is in danger is soldiers. Soldiers are considered a high risk group all over the world because they live away from their families and frequent red light districts.

One doctor claims that homosexuality in [military] barracks is very common. The possibilities of this disease spreading have increased with our soldiers visiting AIDS and war-ridden Somalia.

In Pakistan, we do not recognize existence of sexual contact between anyone except a husband and wife. However, not a day passes when we do not see or hear news stories about a husband, father, or a brother murdering a man on finding his wife, daughter, or sister in an "objectionable situation" with that man. Mostly, such news comes from villages since in cities, this news is covered up. In addition, there are red light districts in cities. The middle class just does not accept the concept of any sexual contacts that are against the law or the religion and closes its eyes to homosexuality. Look at the truck drivers. Why do you think they keep young boys as apprentices with them? Most people usually dismiss this as a joke, however, all this leads to the spread of AIDS. It is important to inform people about using condoms to avoid spread of AIDS through sexual contact. However, who is not aware of lack of communication among various government departments? Even whatever is possible is not taken care of. Most doctors have complaints about the performance of the National Institute of Health that it either does not supply them equipment for testing AIDS or supplies insufficient equipment.

RUSSIA

AIDS Laboratory Chief on Draft AIDS Law

94WE0225B Moscow ROSSIYSKAYA GAZETA
in Russian 16 Mar 94 p 2

[Article by Irina Krasnopol'skaya: "Freedom From Health: AIDS Law Being Drafted"]

[Text] I first visited the Russian Center for Prevention and Control of AIDS in 1987, when the first case of AIDS in the former Soviet Union had been recorded. At that time, the center was modestly called a laboratory, crowded into a few rooms at the Moscow Infectious Disease Hospital No 2. It was headed by Vadim Pokrovskiy. At that time he was full of plans for expansion of the laboratory and development of research in this branch of medicine.

The USSR ceased to exist. The number of HIV carriers exceeded 1100 people. More than 100 died of AIDS, including 64 children. The laboratory began to be called a center. Professor Vadim POKROVSKIY, who is no longer a candidate, but a doctor of sciences, heads the center, as he did that laboratory.

Question: Vadim Valentinovich, today you do not give the impression of being an optimist....

Answer: Current reality rid me completely of optimism. Judge for yourself. In the 1980's we laid a serious foundation for control of AIDS. A USSR state program was developed that was headed by the deputy chairman of the Council of Ministers. It provided for allocations for research and treatment. The program was adapted to the society in which we then lived. The state was concerned to a considerable extent about the health of citizens although, of course, it impinged on their freedom. Now freedom is rampant. But there is no longer the former concern about the health of the people. Nor are there the customary tools for it. Yet new ones have not been developed.

We lived in a closed state. Contacts with the outside world were limited. And, of course, there were fewer cases of AIDS, after all we imported AIDS. We did not have our own. Now contacts with foreigners are not regulated and there are no boundaries for HIV infection.

Question: It appears, from listening to you, that an iron curtain should be urgently created.

Answer: Too late! The virus has been brought in and is spreading "with success." We found 82 HIV-positive people in 1991, 88 in 1992, and 102 in 1993.

Question: You are considered the chief AIDS specialist in Russia.

Answer: This is true exclusively on a social basis. According to my job, I am merely a laboratory chief at a research institute, with all the ensuing consequences.

There was and still is no national coordinator in the nation with the right to integrate the actions of ministries and agencies, which could tackle the problem.

Question: Your father is not merely a famous scientist in the field of epidemiology. For several years now, he has been the head of the Russian Academy of Medical Sciences. Could he not help you, if only as a relative?

Answer: He does help, but mainly with advice since the capabilities of the Academy of Medical Sciences are very limited. Yet enormous state funds are needed for AIDS.

Question: Would a law about AIDS change anything? The former Supreme Soviet of Russia had the time to read its first draft.

Answer: It burned, both literally and figuratively: the text was burned in the White House fire. But we found an extra copy. I am part of a group that is working on the law.

Question: Is it indeed so necessary? After all, we do not have, for example, a law about cancer, although it is as dangerous as AIDS.

Answer: A law is needed for all infectious diseases. This is the opinion of the World Health Organization. But our specifics are poorly represented there. The AIDS problem is so urgent that we decided to single it out and hurry.

Question: What is stipulated in the draft law?

Answer: It would be more correct to call it the law about regulating relations in society, physical and legal entities, in the situation that the spread of AIDS is creating, rather than an AIDS law.

Question: What do you mean?

Answer: For example. Who can be forced to be tested for AIDS, and in what instances would the test not be an infraction of human rights. After all, when some person is tested it could prompt a negative attitude in others toward him because of the mere fact of being tested.

Question: What is provided in this respect in the law?

Answer: A special article stipulates that only blood donors, as well as foreigners, will be subject to mandatory testing. All other Russian citizens would be tested only if they agree voluntarily.

Question: All foreigners? So many come, fly to Russia daily that there would not be enough laboratories.

Answer: Only those who visit our country for more than three months would be tested.

Question: At the present time, various organizations require documents concerning AIDS testing. For example, when someone is admitted for surgery to a hospital, testing information is required. When a woman visits a gynecologist, she also needs to have a certificate.

AIDS testing will cost billions of rubles. But the state or client himself must pay for such initiative. What does the law propose?

Answer: According to the law, only donors are tested at government expense. The organization that requires such a certificate pays for all others. Otherwise, the patient is not required to submit a certificate.

Question: Everyone is concerned about questions of relations with HIV-infection carriers, and AIDS victims. They become social outcasts, and this aggravates their situation which is already desperate. In particular when dealing with children—they are not taken to school or nurseries, and parents of healthy children forbid playing with the sick....

Answer: There are special articles in the law on this score. I will not cite them. Let me only say that they provide for full protection for both the moral and material interests of people in trouble.

Question: When, in your opinion, will this law be adopted?

Answer: We believe that it will be examined with the first batch of documents forwarded to the State Duma. It will probably be in the spring.

Number of HIV Cases in Russia Reaches 742

LD0205222394 Moscow 2x2 Television in Russian
2155 GMT 2 May 94

[Text] Currently 742 instances of HIV infection are registered in Russia. Specialists think that it is merely a tenth of the total number of infected people.

The Russian Federal Scientific and Methodological Center to combat AIDS is the main body dealing with the problem. Vadim Pokrovskiy, its head, said that there was no radical method of treatment for AIDS thus far. Prevention is, therefore, the only option here. However, it is mainly the costs of treatment that are being met so far. Thus, for instance, the 130 AIDS patients at the clinic in Sokolinye Gory are served by personnel numbering 340 specialists.

Enormous resources are being spent to find out who is infected, but there are only three people from the center to combat AIDS that work in the area of prevention.

This 20th century plague has claimed 105 lives in Russia to date.

WHO Chief Calls for Aid to CIS Health Services

PM1605102394 Moscow ROSSIYSKAYA GAZETA
in Russian 14 May 94 First Edition p 6

[ITAR-TASS report: "Concern Not Unfounded"]

[Text] The health service in the CIS republics needs international assistance.

That was the opinion voiced yesterday by WHO Director General Hiroshi Nakajima. "The situation cannot be described as satisfactory," he noted, "there are many infectious diseases, including diphtheria and cholera. There is a shortage of vaccines and medicines, therefore the WHO is trying to coordinate a quest for the necessary funds to improve the situation in the Commonwealth states."

Chief Epidemiologist Reports Disease Statistics

94WE0206A Moscow NEZAVISIMAYA GAZETA
in Russian 3 Mar 94 p 6

[Article by Andrey Bayduzhiy: "Russia's Sanitary State in 1993"]

[Text] The concluding board session of the State Committee for Sanitary-Epidemiological Oversight was held. The results of work in 1993 were discussed at it. Yevgeniy Belyayev, Russia's chief sanitary inspector, made an expanded report. His address could be conventionally divided into two parts. The first included figures and data characterizing the country's general sanitary state. They have remained unchanged for quite a long time and, therefore, have had time to become known not only to specialists, but also to the interested public. The second part presented comparatively new data, which made it possible to depict the change in the picture of Russia's sanitary state last year.

The following can be classified among the most significant facts of the first group: More than 60 million people live in Russia under conditions of increased noise, vibration, electromagnetic fields, and air pollution. Almost one-half of the country's population consumes poor-quality water. Despite the fact that, as compared with 1992, last year discharge into the atmosphere decreased by 10 percent, this hardly affected the state of the air environment. The number of cities where air pollution exceeds maximum permissible concentrations (MPC) more than 10-fold has remained unchanged—84. In nine cities the concentration of harmful substances in the atmosphere is above 50 MPC.

As before, motor transport exhaust has an increasingly negative effect on the state of the air environment. Its share in the total volume of pollutants is growing constantly and in 158 cities exceeds the volume of industrial waste. In 36 cities motor vehicles gave off more than 80 percent of all the emissions. Nothing is being done to solve the problem of industrial waste recovery. Today 2 billion tonnes of toxic waste are accumulated in organized storage facilities. Twice as much is located in unorganized storage places or, to put it bluntly, in unauthorized dumps. The annual increase totals 50 million tonnes. At the same time, only two sites for the recovery and burial of industrial toxic waste operate in the Russian Federation. The seven refuse processing and the two refuse incinerating plants operating throughout the country ensure the processing of only 4.5 percent of the total amount of solid household waste. New plants are not being built.

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More than 5 million people, or 17 percent of all the employed, work under unfavorable working conditions. As a result, more than 10,000 occupational diseases were registered last year, which is almost twice as much as in the middle of the 1980's, although less than in 1992 when, according to the data of the State Committee for Sanitary-Epidemiological Oversight, about 12,000 occupational diseases were detected. A significant part of the country's population is underfed. As a year ago, the ration of the "average person" is 20 percent below the norm in energy, 25 percent in protein, and 50 percent in vitamins.

In addition to these data characterizing the general, seemingly stagnant, troubled sanitary-epidemiological state, which have remained almost unchanged during the last three to five years, figures reflecting last year's "individual" person and giving an idea of the special features of the recent development in the situation were also cited at the board session. First of all, they include the reduction—as compared with the data of the State Committee for Sanitary-Epidemiological Oversight presented at the previous board session—in the number of registered patients suffering from infectious diseases, that is, from 40 million in 1992 to 30 million in 1993. From all appearances, such a significant—by one-fourth—reduction in the annual incidence of these infections should be attributed not to the population's sharply improved health, but to distortions of medical statistics. Under the changed economic conditions, when more and more people work for themselves, not for the state, for many the doctor's certificate, which previously gave a release from work and, at the same time, served as the means of recording sick persons, lost its attractiveness and people simply stopped to ask for it. Therefore, the reduction in registered patients suffering from infectious diseases in no way reflects the real picture of their incidence. The fact that the number of lethal outcomes resulting from infectious diseases has not changed, remaining at the 1992 level, that is, 25,000 deaths, is also an indirect confirmation of this.

The real special features of 1993 include the rise in the incidence of diphtheria and venereal diseases, which has taken on the nature of an explosion. As compared with 1992, the number of people who fell ill with diphtheria increased almost fourfold. According to incomplete data, it took away the life of 388 people. In experts' opinion, their number could have been much bigger if urgent measures had not been taken by the State Committee for Sanitary-Epidemiological Oversight, owing to which it was possible, if not to overcome, in any case to alleviate the situation. The control of diphtheria is also complicated by various reasons of a nonmedical nature. For example, as Yevgeniy Belyayev stated, people without a definite place of residence make up 40 percent of those that died from it.

With regard to venereal diseases the number of people suffering from syphilis alone has tripled. The number of registered cases of gonorrhea is one and a half-fold

higher than that of cases of dysentery, totaling almost 3 million. Here it must be pointed out that, according to the data presented at the board session, 99 new HIV-infected people were detected in 1993—one-third more than in 1992. Another 14 people fell ill with AIDS.

Finally, the increasing scale of import of poor-quality products from abroad into Russia represents another tendency, which gained speed last year. This concerns not only so-called bag trade, which no one controls, but also products delivered to Russia according to official contracts. More than 6 percent of all the imported products do not conform to norms in hygienic indicators and more than five percent in microbiological indicators. It is characteristic that poor-quality food has begun to arrive not only, as before, from China, Taiwan, and Vietnam, but also from European countries. For example, in 1993 cases of botulism owing to the use of Italian canned meat of the Montana Firm were registered and poor-quality Dutch Semilak and NAN milk mixtures, Hungarian Bebitel canned vegetables, and so forth were rejected. Nevertheless, appeals by domestic agricultural producers to block the entry of Western food products into the Russian market do not stand up to any criticism. The quality of domestic products is even worse. As the research conducted by the State Committee for Sanitary-Epidemiological Oversight has shown, in 1993 from 1.5 to 23 percent of the samples of certain food products contained pathogenic bacteria, worm eggs, and an increased amount of pesticides, toxic substances, or antibiotics. A total of 12 percent of dairy products, 15 percent of fish, and 7 percent of meat do not conform to sanitary norms. Such a low quality of agricultural products is due not only to the nonobservance of technological discipline during their production and storage, but often also to the contamination of the land itself, on which they are produced. For example, the content of heavy metal alone exceeds permissible norms on one-fourth of all the agricultural land in Russia.

On the whole, however, 1993 did not introduce anything fundamentally new into the picture of the country's troubled sanitary state. This instills some optimism in us. In the opinion of a number of experts, the invariability of many indicators points to the fact that the peak of the deterioration in sanitary-epidemiological indicators in the country, which began in the middle of the 1980's, has already passed and relative stabilization has begun. If we take into consideration that the work of the sanitary service has taken place against the background of the deepening economic crisis, shortage of funds, and legal vacuum, when a number of laws drafted by the State Committee for Sanitary-Epidemiological Oversight have been waiting their turn for adoption in the parliament since 1992, this can be regarded as some success. However, even in the opinion of optimists the established equilibrium is very unstable.

Diphtheria Kills 468 Russians in 1993*LD2005175694 Moscow ITAR-TASS in English
1713 GMT 20 May 94*

[By ITAR-TASS correspondent Anna Bakina]

[Text] Moscow May 20 TASS—"If medical workers fail to stop the infection, the diphtheria epidemic may persist in Russia for another six or seven years," Nikolay Vaganov, Russian deputy minister of public health and medicinal industry, told a Moscow news conference on Friday.

According To vaganov, 15,210 diphtheria patients were registered in Russia in 1993 - the highest number over the last ten years. A total of 468 people died of diphtheria, including 83 children.

During the first four months of this year, 7239 people caught the dangerous disease. Diphtheria spread across the whole of the country, but inhabitants of large cities and industrial regions account for 70 percent of the total number of cases, Vaganov said.

Vaccination is the most effective method of localizing the epidemic. About 20 million people have been vaccinated since the outbreak of the epidemic. However, three to four times that number is needed to solve the problem radically.

The Russian Government allotted 1.9 billion rubles for the purpose in 1993 and 2.5 billion rubles for taking urgent measures against the diphtheria. It also defrayed expenses for vaccinating against diphtheria and children's droplet infections, Vaganov said.

According to him, while medical workers are busy fighting with diphtheria, a new trial is looming: The number of people ill with measles has quadrupled last year's figure. The number of people suffering from whooping cough is growing as fast.

Mass Poisoning of Schoolchildren Reported*94WE0257A Moscow NEZAVISIMAYA GAZETA
in Russian 7 Apr 94 p 2*

[Brief, dateline Tyumen, under the rubric "Postfactum"]

[Text] Mass poisoning of children by a potent sedative occurred in one of the city's secondary schools. A total of 11 schoolchildren 7 to 14 years of age were admitted to the toxicological department of the oblast hospital. According to some of the victims, they found two boxes of this medicine, while others maintain that someone gave them the tablets claiming they were vitamins. The possibility of admitting more sick children cannot be ruled out: 120 empty wrappers from the drug have been found on the school grounds. A specially formed militia group is carrying out an investigation.

Lice, Typhus Reported in Cheboksary*PM1605131994 Moscow IZVESTIYA
in Russian 14 May 94 p 1*

[ITAR-TASS report: "Typhus in Cheboksary"]

[Text] A case of typhus has been recorded in the Chuvash capital for the first time in many years, the newspaper CHEBOKSARSKIYE NOVOSTI reports.

According to Vladimir Kabetov, chief public health officer for Cheboksary, there is only one way that the disease can be transmitted from the infected to the healthy—through lice. And this Volga city with a population of almost half a million has recently seen a sharp upsurge in pediculosis (lice infestation). The reasons are very prosaic—the very high prices of bathhouse, laundry, and hairdressing services, and the high cost of soap and washing powder.

Outbreak of Unnamed Disease at Kindergarten Hospitalizes 110*94WE0228A Moscow ROSSIYSKAYA GAZETA
in Russian 1 Feb 94 p 4*

[Article: "From Kindergarten to Hospital"]

[Text] Last week there was a mass scale outbreak of illness among children and personnel of the Skazka [Fairy Tale] kindergarten situated in the village of Kochenevo, 50 kilometers from Novosibirsk. Interfax was informed of this through the press service of the Ministry for Extraordinary Situations (MinChS). By Thursday morning, a total of 110 people, including 100 children, were hospitalized.

Outbreak of Syphilis Among Mining Town Adolescents*94WE0228A Moscow RABOCHAYA TRIBUNA
25 Feb 94 p 2*

[Article by Tatyana Cherepanova: "Syphilis Lessons in School"; first and last paragraphs are RABOCHAYA TRIBUNA introduction and postscript, respectively]

[Text] This extraordinary event took place in the mining town of Kizel. The youngest of the 10 adolescents infected with the terrible venereal disease is only 11 years old.

During my assignment to Kizel, two remarkable events occurred in the local branch ["auxiliary"] school. In the first place, several boys were brought from the Oblast center who had already undergone the required course of treatment. In the second place, the many days of joint efforts of Kizel physicians and militia finally succeeded: it was believed that the last of the sick adolescents "on the run" had been found.

I had already heard enough about this lad. He was seldom called by his given name, and a nickname was used more often. Like 15 other adolescents out of the 144 attending the branch school, he is an orphan and this is his home. But the lad is constantly on the run, living in streetcars, trains, and cellars. He "toured" adjacent regions. Yuriy (names have been changed) categorically denies sexual contacts with his fellow pupils. He insisted

that if he was infected, it was only because he would smoke the butts discarded in the trains. Alas, the facts indicated something different.

Last summer, Igor, one of the older pupils at the branch school, met an "individual of Caucasian nationality" (in current terminology) at the local market. The latter offered a good cigarette to the attractive senior year student and gave him some brandy. Then ... raped him right there, behind the counter.

The physicians concluded that expressly this "contact" served as the primary cause of all that happened subsequently. Igor and a few other adolescents began to develop a tendency toward homosexual contact with lower grade students, threatening them if they refused. The children did not agree, and then the seniors would use force, hit them, stick them with pins....

One of the lads told about how he witnessed Igor raping his friend in the summer, in a forest (the school would move to a pioneer's [scouting] camp. Furthermore, while already under treatment in Perm, Igor had tried to rape a younger boy in the bathroom. This went on for several months.

The physicians sounded an alarm only on 6 December; that day two adolescents, one after the other, visited the dermato-venereological clinic in Kizel. Blood tests revealed that both had syphilis. Lyudmila Nikolayevna Syuzeva, an experienced physician who had been in practice for 30 years, made everyone take notice: there was an outbreak of venereal disease in the city.

This remarkable doctor and warm person was perhaps the first to whom the lads told what really happened. This is how there was gradual reconstruction of entire chains of contacts, which also included students at a boarding school, PTU [vocational and technical school] No 20, school No 3.

Kamil Khafizov, chief physician of the dermato-venereological clinic told us:

"For almost an entire month we worked day and night, without a day off. In that time we examined more than 1300 people. We administered preventive treatment to all students and pedagogues of the branch school, which is one of a group of schools."

It was time to search for the guilty parties. A commission from the health care board came to Kizel. The commission members did not agree concerning the "relative" blame of pedagogues and physicians. This was the opinion of Anatoliy Kolobov, chief epidemiologist at the Oblast Health Department:

"This outbreak of childhood syphilis revealed wildness of behavior and complete absence of social supervision in such institutions. The flaws in upbringing are obvious. Only two educators remained in the entire school in the evening. Could they provide the needed supervision?"

The dormitories are crowded, hygienic conditions are not good, there are no recreation rooms, and there is simply nothing for the children to do. In my opinion, either this school has to be closed, or else all of its work must be radically revised."

And here is the opinion of Zoya Postnikova, specialist from the main administration of public education:

"I do not wish to justify the pedagogues, there is much that they overlooked. But I believe that most of the blame should be placed on medical workers. They should have carried out timely in-depth physicals with the participation of venereologists...."

Yes it is seldom that there are unequivocal answers to the sacred Russian questions: "Who is to blame?" and "What do do?" Still, we shall try to analyze the causes of this tragedy. One of them is the indifference of educators. It would be naive to believe that the pedagogues had been totally in the dark for half a year, as they tried to explain. The facts point to something different: they knew about it, saw it, and had to shut their eyes tight "to fail to notice anything."

It is also apparent that no work was done at all in the matter of health education, and that the well-organized system of clinic care had broken down. But there is a much more serious problem. I would refer to it as the "children of the state." Referrals to PTU are made exclusively by decision of oblast organizations. Where are they to go? It was stated directly in one of the official offices: to jail or, at best, to one of the social protection institutions....

Two of the cured adolescents were placed for two months in the oblast psychiatric hospital; a special group was formed with the rest of the orphans, and the best educators were assigned to them. However, is this a solution? The number of "children of the State" is growing with each year. And particularly in regions such as the one we are discussing.

Here, there is an entire "bunch" of unresolved social problems. The mines have been depleted, and there are no new industries. Excessive drinking is flourishing. Refugees have appeared in the city, and this does not improve the situation either.

Wise and kind educators, and special conditions are needed. When there are none, the adolescents become a danger to society. As was the case here. There are no guarantees that the situation will not recur. Yuriy, whom we mentioned at the beginning of this article, is "touring" in two neighboring regions. Are we to expect another outbreak of syphilis among children?

And, lastly, an update: According to official data, there was close to a 3.5-fold rise in incidence of syphilis in Perm Oblast in 1993, as compared to 1990.

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GEORGIA

Health Minister Claims 17,000 Infected With Rabies

LD1705081:94 Moscow ITAR-TASS
in English 0800 GMT 17 May 94

[Text] Tbilisi May 17 ITAR-TASS—According to the Georgian health minister, Avtandil Dzhorpenadze, seventeen thousand residents of this republic are infected with rabies and are in need of urgent medical treatment which cannot be provided for lack of required medicines.

The minister announced this at a press conference in Tbilisi. Specialists of the republic's sanitary service blame the disaster on excessive numbers of stray cats and dogs infected with the deadly virus.

The situation is further aggravated by the fact that household waste is left rotting in residential areas for months as fuel shortages make transportation a problem.

Several deaths from rabies in humans have already been registered, and the minister fears epidemics are likely to break out with the coming of summer unless emergency measures are taken to enforce the sanitary order. A special commission of the health ministry has reported that the situation is the worst in one of Georgia's autonomies, Adzharia.

KAZAKHSTAN

Infectious Disease Situation Improves With Receipt of Aid

LD1506154894 Almaty Kazakh Radio Network
in Kazakh 0100 GMT 15 Jun 94

[Text] As has already been reported, cases of diphtheria, measles, and other infectious diseases were on the rise in Tarbagatay Rayon of East Kazakhstan Oblast: 67 cases of diphtheria and 81 cases of measles were registered. The situation has improved.

Thanks to assistance rendered by the leadership of the republic and the oblast, all necessary medicines were bought from Russia, and a consignment of humanitarian aid was received from the United States.

TURKMENISTAN

Turkmenistan Physicians Participate in WHO AIDS Program

94WE0255B Ashgabat TURKMENSKAYA ISKRA
in Russian 16 Dec 93 p 3

[Excerpts from article from Turkmen Press: "Time for Action"]

[Text] Collaboration and mutual aid in the prevention of HIV infection was the main topic of the seventh European regional conference of the World Health Organization (WHO) which was held in Switzerland. A group of Turkmen physicians also participated at this international meeting of national AIDS coordinators.

"In the course of talks with WHO representatives, our delegation expressed the desire to set up an exchange of information, and to acquire the product Diagnostikum that is used in AIDS tests," said G. A. Karmanova, department chief at the Turkmen Center for AIDS Prevention and Control. "The WHO conference has deemed it necessary to give us concrete support with the cooperation of the international community."

UKRAINE

Committee Alerts to Threat of Mass Infection With AIDS

AU1606121294 Ivano-Frankivsk HALYCHYNA
in Ukrainian 7 Jun 94 p 4

["Statement by the Press Service of the National Committee for Combating AIDS Subordinated to the Ukrainian President" issued on 25 May 1994]

[Text] A critical situation has arisen in Ukraine's blood donation service. Due to the absence of testing facilities, blood is not tested for AIDS. There is a real threat of Ukrainian citizens being infected with AIDS through blood transfusion.

Numerous telegrams from oblast blood transfusion stations indicate that the blood donation services there have stopped functioning. Blood is only deposited for storage.

Whereas a month ago, the situation regarding testing for AIDS at the blood donation services was threatening, it is currently becoming irreversible.

In view of the virtual epidemics of traumatism in Ukraine and the probability of any natural or ecological catastrophes, as well as numerous victims of armed attacks, this may have unforeseeable consequences.

The National Committee has repeatedly appealed to Ukrainian President Mr. L. Kravchuk and to acting prime minister Yu. Zvyahilskyy with a demand that hard currency be allocated for purchasing testing equipment, since it is not manufactured in Ukraine.

However, the Cabinet of Ministers Tender Committee headed by Mr. V. Landyk has not only been ignoring the appeal by the National Committee, without offering any explanation, but even the directives of the Ukrainian president.

In this connection, the Press Service of the National Committee for Combating AIDS subordinated to the Ukrainian president has been authorized to issue the

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following statement: Unless hard currency is urgently allocated for procuring testing equipment, the National Committee will decline responsibility for the safety of donors' blood and preparations from it with regard to the spread of HIV/AIDS.

**Ministry Data Shows Over 90,000
Chernobyl-Related Deaths**

*LD2005163694 Kiev UNIAN in Ukrainian
1150 GMT 20 May 94*

[Excerpts] Kiev—A joint sitting was held on 19 May by the Council of Chernobyl Town, Kiev City and Oblast Invalids, and representatives of the Ukrainian Health Protection Ministry, Ukraine's Ministry for the Protection of the Population from the Aftermath of the Chernobyl AES accident [MinChernobyl], Kiev city and

oblast health protection directorates, Kiev's radiational medicine centers, Ukraine's radiational medicine scientific center, and the capital's state administration. [passage omitted]

Talking with correspondents, Valeriy Kyrkorov, chairman of the Council of Chernobyl Town, Kiev City and Oblast Invalids, made public the following data from the Ukrainian Health Protection Ministry: The total number of deaths among those who suffered as a result of the Chernobyl catastrophe between 1988 and 1993 is in excess of 90,000, while the number of deaths among the clear-up staff in the same period has already reached almost 4,000. The conclusion made by interdepartmental expert councils is that since 1993 alone a total of 805 (60 percent) liquidators' deaths have been linked to the effects of the accident.

DENMARK

Greenland 1992 Health Report: Large Drop in STD's*94P20744A Copenhagen BERLINGSKE TIDENDE in Danish 25 Apr 94 p 6*

[Article by Lene Froslev: "Fewer Homicides"]

[Text] Every fourth death in Greenland should have been avoided. A total of 111 Greenlanders—mainly men—died in 1992 as a result of accidents, suicide, or murder.

This is seen from the annual report of the health situation in Greenland during 1992 that has just been released by the Greenlandic surgeon general's office.

The report states that 50 persons died in accidents, 53 committed suicide, and eight were murdered—which is half the number of murders from the preceding year. Altogether 435 died in Greenland in 1992.

The number of births is on the rise in Greenland, while fewer are choosing abortion. However, the number of women under age 18 undergoing abortion showed a strong increase. This is not due to it being impossible to protect oneself. A quarter of a million condoms are being imported annually, and the number of sexually transmitted diseases (STD's) has fallen drastically. The two newest HIV cases involve individuals who moved to Greenland from elsewhere.

FINLAND

Researcher Identifies More HIV Subtypes in Country*94WE0239A Helsinki HUFVUDSTADSBLADET in Swedish 8 Apr 94 p 4*

[Article by M.S.: "At Least Five Subtypes of HIV in Finland"]

[Text] There are at least five subtypes of HIV in Finland.

"A unique situation," says Mika Salminen, who today defends his doctoral dissertation at Helsinki University on the subject of new methods of analysis.

In North America and in Europe there is really only a single subtype, HIV-1 B.

The fact that there are more subgroups of the HIV-1 virus in our country indicates that the contagion is primarily imported.

"We do not believe that there is a domestic virus that is spreading here."

Salminen, who graduated from Grankulla High School in 1984, immediately began doing AIDS research in graduate school at the National Health Laboratory. For the last four years he has carried out research on new methods of analysis.

"Earlier methods were expensive, and it took months to get results. When they required cell culture there was risk of distortions, that the virus grew differently than it had in the human body."

The new method that the HIV laboratory at the National Health Institute has developed is based on the patient's own cells from a blood sample. Results can be obtained in at best a week.

Corresponding methods have also been developed in other places in the world, but what is new in the Finnish method is that it takes aim at those genes in the virus that are particularly suitable for analysis.

"We are definitely also among the first in the world to be able to demonstrate the spread of subtypes," Salminen says.

In December there were 575 known HIV-positive persons in Finland. The new methods of analysis have been tested on 24 Finnish patients and 6 Estonians. Furthermore, the laboratory has cooperated with Swedish and Ethiopian researchers and had lively contacts with researchers at the Henry M. Jackson Foundation in Washington, DC.

There are two principal groups of HIV in the world. HIV-1 is the most widespread and dominates among AIDS patients in North America and Europe, while HIV-2 has a less global distribution but can be very common locally, for example in West Africa, India, and South America.

There are seven subgroups of HIV-1, which was found by the Finnish research team under Professor Pauli Leinikki's leadership about the time U.S. researchers arrived at the same result. HIV-2 is less studied, but Salminen says that there are at least two subgroups here. The new method of analysis can also be used for them.

In the long run, better virus identification can be of significance for the treatment as well.

The types of vaccine being discussed at the moment are based on the virus type called HIV-1 B, which is also most common in Finland. When seven subgroups have been identified, any potential vaccines must soon be studied with respect to each subgroup.

IRELAND

Health Department Gives AIDS Statistics

94WE0268A Dublin IRISH INDEPENDENT
in English 7 Apr 94 p 7

[Article by Geraldine Collins: "Eight More Die of AIDS Since Start of the Year"]

[Text] Eight people have died of AIDS since January—and four new cases of the illness have been detected in tests at the Virus Reference Laboratory since January.

The new figures released by the Department of Health yesterday mean almost half the total number of people with AIDS have died. There have been 192 deaths out of a total of 388 AIDS cases.

Intravenous drug users account for the largest number—171 or 44pc—of cases, while homosexuals/bisexuals account for 126—32pc—of AIDS cases.

The eight recent deaths included three intravenous drug users, three heterosexuals, one homosexual/bisexual and one haemophiliac.

Meanwhile, the Virus Reference Laboratory has tested blood samples from a total of 81,560 people for HIV antibodies, of which 1,465 have tested positive for HIV up to the end of February this year.

This represents an increase of seven positive cases since the end of January. Half of those with positive HIV antibodies are IV drug users while 19pc are homosexuals and 13pc heterosexuals.

Of the total of 192 deaths from AIDS to date, 74 were intravenous drug users, 60 homosexuals/bisexuals, 21 heterosexuals, 20 haemophiliacs; six homosexual/bisexual/IV drug users, six babies born to IV drug users, and five undetermined deaths.

The new figures mean there are 196 people who have been positively tested for full-blown AIDS in the country, including 97 IV drug users, 66 homosexuals/bisexuals, 23 heterosexuals, three haemophiliacs, three undetermined, two babies born to IV drug users, one homosexual/bisexual/IV drug user, and one baby born to a heterosexual mother.

Of the 7,507 intravenous drug users tested for HIV antibodies in Ireland since 1986, 739 have been positive, while 287 of the total number of 3,811 homosexuals were positive.

Health Service Overhaul, Action Plan Announced

Minister's Introduction

94WE0283A Dublin IRISH INDEPENDENT in
English 22 Apr 94 pp 1, 9

[Article by Eilish O'Regan and Don Lavery: "Government Unveils Big Overhaul of Health Services"]

[Text] The biggest shake-up of the health services in a quarter of a century was unveiled yesterday by Minister Brendan Howlin.

It will see the revamping of the country's eight health boards with more devolved powers—and the launch of a four-year action plan to tackle the major causes of early deaths.

The measures are set out in a blueprint entitled *Shaping a Healthier Future*, which offers "a strategy for effective healthcare in the 1990s."

The plan heralds a major drive against Ireland's three main causes of early death: cardiovascular disease such as heart attacks, cancer and accidents.

It focuses on six causes including alcohol, nutrition and diet, lack of exercise, high cholesterol and smoking, which was linked to 6,000 deaths here last year.

In a continuing anti-smoking blitz, the document proposes cuts in advertising budgets for tobacco products, intensified no-smoking campaigns, higher taxes on tobacco, and extended bans on smoking.

In what is sure to cause controversy, Mr Howlin's plan proposes that sterilisation for men and women be widely available through the health boards as part of a comprehensive family planning service.

Offering vasectomies for men and tubal ligation for women—which would be available in many areas outside urban centres for the first time—could bring the Minister into conflict with the Catholic Church which is strongly opposed to sterilisation.

The service would offer natural methods of family planning and contraceptives such as the pill and condoms, IUDs and diaphragms.

The plan would also see new counselling and treatment services for abused children—health boards are now coping with 4,000 reports of child abuse each year—together with comprehensive specialist psychiatric services for children and teenagers in each health board area.

A genetic counselling service, which would help to reduce the incidence of mental handicap, is also being established at Our Lady's Hospital in Crumlin.

Despite its ambitious objectives, Mr Howlin was criticised for failing to provide financial costings for the plan.

He said the amount made available each year would have to be decided by the Government in the context of its financial position and its other public expenditure commitments at that time.

Finbar Fitzpatrick, secretary general of the Irish Hospital Consultants Association, said all the proposals should have been accompanied by a balance sheet.

He said Mr Howlin had appeared to "back off" a major overhaul of the health boards and there was a lack of innovative thinking in the plan.

Mr Howlin was also accused of "gross political cowardice" by the PDs [expansion not given] Liz O'Donnell for not recognising the need for non-directive counselling of women with crisis pregnancies.

Under the new strategy, the country's biggest health board, the Eastern Health Board covering Dublin and surrounding counties, would be replaced by a new authority with comprehensive responsibility for all health and personal social services in the region.

The other seven health boards will be reorganised as health authorities with greater autonomy over regional planning but with more financial accountability, including the threat of sanctions for overspending on their budgets.

Main Points

94WE0283B Dublin IRISH INDEPENDENT
in English 22 Apr 94 p 1

[Text]

- Revamp of seven health boards into health authorities with more powers but with greater financial accountability.
- Eastern Health Board to be replaced by new authority responsible for all health and social services in the region including voluntary hospitals.
- More specific targeting of underprivileged, including travellers.
- Three main killers—cardiovascular disease, cancer and accidents—to be tackled to bring life expectancy up to European levels.
- Continuing crackdown on smokers so that 80pc are non-smokers by 2000.
- Nationwide family planning service, including male and female sterilisation.
- Changes in diet so we eat less fatty food and more fibre by year 2000.
- National policy on alcohol to reduce numbers drinking excessively.
- Expansion of the dental service extending eligibility for children up to 16.
- More health centres to be opened.

Reorganization of Health Boards

94WE0283C Dublin IRISH INDEPENDENT
in English 22 Apr 94 p 9

[Article by Eilish O'Regan: "Boards To Have Greater Responsibility for Finances"]

[Text] The country's eight health boards are to be reorganised into health authorities with greater powers and financial accountability under the health blueprint published yesterday.

The Eastern Health Board will also be replaced by a new authority with comprehensive responsibility for all health and personal social services in the region in a bid to remove the current lack of co-ordination.

Under the new system, the Department of Health will have overall responsibility for planning and policy while the new health authorities will be given power for regional priorities, setting out an annual budget and strategic plan based on population needs.

But the boards will also have to submit to the Minister for Health a budget for those services within the spending limits determined by their Exchequer allocation.

Ministerial sanctions for health authorities which overspend will be set out in forthcoming legislation while each health authority will have to publish an annual report.

According to the document, called *Shaping a Better Future*, the overhaul is also aimed at ending the current confusion between the boards of health boards and their management over functions.

Under the new proposals, the boards of the health authorities will be responsible for policy while operational functions will fall to management. But the board will have ultimate responsibility for decisions.

Health Minister Brendan Howlin said yesterday there would be no job losses as a result of the reorganisation—to be in place in a year—and it is believed there will be no dilution of the political representation on the board.

A major component of the new health authorities will be the inclusion of the voluntary sector. This ranges from major hospitals and national organisations to small community based support groups.

According to the strategy, the current system of direct funding of some voluntary agencies by the Department of Health impedes the proper coordination and development of services at local level.

In particular, it identifies the development of links between community and hospital services and between statutory and voluntary services.

It adds: "In future, the voluntary agencies will receive funding from the health authorities to whom they will be accountable for the public funds which they have received."

This is likely to have major implications for hospitals in Dublin run by religious orders. However, Mr Howlin said yesterday he would not interfere with their board structure.

More on Plans

94WE0283D Dublin IRISH INDEPENDENT
in English 22 Apr 94 p 8

[Article by Don Lavery: "Ambitious Plans To Beat Big Killers"]

[Text] The three main causes of premature deaths in Ireland—cardiovascular disease, cancer and accidents—are to be targetted by the Health Strategy in a bid to improve our life expectancy which is still lower than the EU average.

And regional blackspots, where there is a higher than average death rate because of unemployment, working conditions or other factors as well as travellers, among whom women die twelve years earlier than their settled counterparts, will also be given special attention.

Life expectancy at birth for Irish people is below that for most other EU countries and on the latest figures Ireland ranks 11th out of the twelve countries for women and 9th for men, the report shows.

Minister Howlin said yesterday that the strategy aims to achieve significant potential reductions in the extent of illness and premature mortality if we can adopt the appropriate preventative measures.

Although deaths from heart disease have been falling they are still above the EU average while heart disease, strokes, and circulatory disorders accounted for almost one-third of all premature deaths in 1992.

Death rates from cancer have risen slightly in recent years and account for one-third of early deaths while accidents account for about 15pc of deaths in the under-65 age group.

The plan will focus on six key areas which each contribute significantly to early deaths from one or more of the three main causes.

These are:

- Smoking: aims to have 80pc of the population non-smokers by the year 2000.
- Alcohol: to reduce substantially the proportion of people who exceed sensible limits.
- Nutrition and diet: to change the Irish diet, reduce fat and increase fibre intake.
- Exercise: a 30pc increase in people who take 30 minutes exercise a day
- Cholesterol and blood pressure: action plan to be announced later.
- Causes of accidents: Mr Howlin to liaise with other Ministers on reduction strategy.

Smoking is a major cause of almost 90pc of the 1,500 deaths from lung cancer in Ireland every year, the report points out. And despite anti-smoking campaigns, smoking related diseases still cause over 6,000 deaths in

Ireland every year. A worrying trend, said the report, is the number of women (500 in 1992) who die from lung cancer.

It can also increase the risk of cancers of the mouth, throat, oesophagus, bladder and kidneys and the plan aims to reduce the death rate from cancer in the under-65s by 15pc in the next ten years, compared with a 7pc reduction in the last 20 years.

The Strategy intends to reduce the allowable budgets for advertising of tobacco products and sponsorship by tobacco manufacturers by 5pc a year; intensify anti-smoking campaigns, have higher taxes on tobacco, and extend environmental controls over smoking.

Also, we continue to have a serious problem with alcohol misuse with one quarter of admissions to psychiatric hospitals related to alcohol, the report stresses. The Strategy wants to ensure that most people understand the recommended sensible limits for alcohol consumption which is 14 units per week for a women and 21 units for a man with a unit corresponding to one small glass of spirits (English measure), one glass of wine or half a pint of beer.

A national policy on alcohol will also be adopted and launched during the next 12 months together with a series of information and education campaigns.

SWEDEN

Small Decrease in Number of AIDS Cases Seen

94P20833A Stockholm DAGENS NYHETER
in Swedish 27 April 94 p 7

[Article by Christina Hagner: "New HIV Cases on Steady Level"]

[Text] The number of newly reported HIV infections was somewhat smaller in the first quarter of this year than in the same period last year. Only among drug addicts has the infection increased. However, more of those infected have developed AIDS.

"The Swedish statistics have remained at a very steady level during recent years," says Professor Margareta Bottiger from the Institute for Infectious Disease Control. She believes that the changes are too small to discern any trends.

So far this year 70 new cases have been reported. Of these, 23 are homosexual men, 20 heterosexual men, and 14 heterosexual women. Four children have gotten the infection from their mothers. Approximately half of those infected are of foreign origin, primarily from Africa.

"But even if you look at the Swedes, most have been infected abroad," says Margareta Bottiger. Only half of the infected homosexual men got the infection here in Sweden. The same pattern is present in those heterosexuals infected. "It is mostly young women who are

infected through sexual contact abroad; young men have made out better," says Bottiger. The men who are infected are often a little older and have spent a lot of time abroad.

Refugees are offered an HIV test when they came to the Sweden, but Bottiger does not think that this explains the large percentage of those infected who are of foreign origin. "By testing all pregnant women we have a good picture of how widespread the infection is."

In total there are 3,771 cases of HIV infection reported in Sweden. Of those, 993 are ill with AIDS. In the first quarter of 1994, 54 persons developed AIDS, of which 33 were homosexual men. The disease has so far claimed 757 lives in Sweden.

Stricter TB Controls on Immigrants Debated

94WE0263A Stockholm DAGENS NYHETER
in Swedish 20 Apr 94 p 5

[Article by Lasse Granstrand: "TB Increasing Among Immigrants"]

[Text] Tuberculosis is increasing among the immigrants in Sweden. Among refugees from the former Yugoslavia TB is 50 times more common than among Swedes. The Institute for Protection Against Contagious Diseases recommends more frequent chest X rays. But physicians at Carlsund and other refugee camps think that is the wrong way.

The widespread disease of tuberculosis, once so feared in Sweden, is again gaining ground in the world.

Of the 500 cases discovered in Sweden during 1993, people born outside the country represented half. One hundred of the sick persons came from former Yugoslavia.

"Yugoslavia was among the countries with the poorest TB protection in Europe even before the war," says Victoria Romanus, an official at the Institute for Protection Against Contagious Diseases. "The frequency of TB is almost as high among immigrants from former Yugoslavia as among immigrants from Africa. That is why careful health examinations are necessary."

Sounded the Alarm

Victoria Romanus and Margareta Bottiger of the Institute sounded the alarm when they discovered that the company responsible for health care at the refugee camps in southern and western Sweden no longer followed the recommendations of the Social Administration and the World Health Organization.

What is referred to is the classic tuberculin test.

Tuberculin is injected into the skin. The hardening that occurs can indicate potential contagion or illness. If the hardening is thicker than 6 mm, the authorities are of the

opinion that the physician should consider a chest X ray. Such an X ray costs about 350 kronor.

Faced with the onslaught of Bosnians last summer, the company Svensk Halsovardsforvaltning AB switched to establishing the limit at 13 mm for this population group.

"We thought it was medically justified," says Jonny Mellberg, in charge of refugee health care in western Sweden. "But with the pressure from the authorities we went back to the old standard after 1 April."

For about nine months the private firm of Svensk Halsovardssforvaltning did not follow the recommendation from the authorities. At Carlsund, near Arlanda, the health care practiced by the provincial government has never followed this standard.

"The tuberculin test is a silly Swedish ballast that is meaningless," says Bengt-Erik Ginsburg, the physician in charge at Carlsund. "We make a diagnosis in other ways, by examination and conversation with the patient."

"I am guessing we have missed at most two TB cases in five years by having a limit of 15 instead of 6 mm. With fewer chest X-ray examinations we have saved millions, which can be used for physician services, for example."

The government and the Riksdag have stated that health checkups of refugees must be restricted to the most urgent.

On 1 July a new law takes effect that regulates this. Karl-Axel Norberg, divisional head of the Board of Health, writes recommendations for the new law.

"The tuberculin test cannot be eliminated. We will settle the dispute in our recommendations and set a limit for when chest X rays should be carried out."

UNITED KINGDOM

Census Office Gives Disease Statistics

94WE0278A London THE DAILY TELEGRAPH
in English 6 May 94 p 4

[Article by David Fletcher, health services correspondent: "Big Increase in Number of TB Cases"]

[Text] Cases of tuberculosis, regarded until recently as a beaten disease, rose sharply in 1992 to nearly 5,800.

The seven per cent increase is the highest since figures began rising in 1987, says a report by the Office of Population Censuses and Surveys.

After falling steadily for years cases of TB have begun to increase, leading to fears that the disease may be re-emerging, particularly in deprived inner city areas.

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The report said that the highest rates were in areas covered by North Thames Health Authority where the incidence was six times higher than in East Anglia.

The increase follows sharp rises in America where it is associated with the growth in HIV and the drug culture among groups living in cities.

The World Health Organisation believes TB is on the increase because of drug-resistant strains and because earlier efforts to prevent its spread have been relaxed.

Illnesses covered by the report include:

- Food poisoning: more than 63,300 cases in 1992 and the highest number recorded since the disease became notifiable in 1949.
- Whooping cough: cases fell by more than 50 per cent between 1991 and 1992 to just over 2,300.
- Dysentery: the number of cases rose from 9,935 in 1991 to 16,960.
- German measles: fell by 13 per cent to 6,212 cases.
- Mumps fell by 18 per cent to 2,412 cases.

Environmental health officers blamed the high number of food poisoning cases on more being reported, rather than poorer hygiene.

Health Chief Says No 'Killer Bug'

LD2705045594 London PRESS ASSOCIATION
in English 0341 GMT 27 May 94

[By Amanda Brown, Health Correspondent, PA News]

[Text] A leading Government health expert is insisting: "There is no killer bug sweeping the country."

Dr Diana Walford, Director of the Public Health Laboratory Service [PHLS], attacked the barrage of publicity over the flesh-eating disease necrotising fasciitis.

She issued a new official list which showed there had been 15 cases due to the disease since January 1, including four of the seven reported cases from the Gloucestershire area.

Although she did not specify how many of the cases had proved fatal, at least 10 deaths are being officially attributed to the disease.

The move, aimed at calming growing public fears of an epidemic, followed a top-level meeting of public health experts and microbiologists, who have painstakingly sifted through the figures.

Dr Walford's comments came as cases continued to emerge of the horrifying virus which can devour flesh in hours.

The unofficial death toll this year rose to 13 with news of the case of an 85-year-old woman from Bridgend, Mid Glamorgan, earlier this month, but there were also

reports of a 71-year-old woman who died in March from the bug in a Newcastle upon Tyne hospital.

Dr Walford said of the official statistics: "These low figures therefore confirm that necrotising fasciitis arising from Group A Streptococci (bacteria) remains a rare disease.

"The public should be reassured that there is no 'killer bug' sweeping the country."

Earlier yesterday, Health Secretary Virginia Bottomley appealed for calm, insisting everything possible was being done to fight the bug.

She did not think it was necessary to make it a notifiable disease.

"The Chief Medical Officer is briefing ministers regularly. There is no evidence that the numbers we are seeing are untoward," she added.

Shadow health secretary David Blunkett called for the Government to reverse cutbacks and redundancies planned for the PHLS.

He said: Instead of acting swiftly to maximise safety and to allay the understandable fears of many people, the Government is axing the vital research designed to protect us from this type of threat.

"Virginia Bottomley cannot simply sit tight and hope that this outbreak is going to disappear."

The widow of a man killed by the flesh-eating bug received a letter from a hospital saying he was getting better—three days after he was cremated on January 28.

Doreen Bargery was told by St Peter's Hospital in Chersey, Surrey, that Les was making "slow but shaky progress", more than a week after he died.

Mr Fash, chief executive at St Peter's Hospital, said: "We did apologise to Mrs Bargery profusely at the time. Mrs Bargery is understandably very upset about her husband's death.

"We were investigating a number of points she raised about her husband's illness and we had kept in touch with her husband's case periodically."

More Waiting Over a Year for Surgery

94WE0277A London THE DAILY TELEGRAPH
in English 7 May 94 p 4

[Article by Peter Pallot, health services staff: "13.5 Percent More Patients Waiting a Year for Surgery"]

[Text] At least 64,000 people had been waiting more than a year for surgery at the end of March, 13.5 per cent more than at the same time last year, the Department of Health said yesterday.

The figures will disappoint ministers because it was hoped that health reforms would stop the slow-down in hospital activity towards the end of the financial year.

Dr Brian Mawhinney, Health Minister, said: "There is a challenge for the NHS in these figures. Regions have a responsibility to ensure they are levelling up to the standards of the best."

He stressed that Patient's Charter guarantees—no more than a two-year wait for treatment and no more than an 18-month wait for hip, knee and cataract operations—were being met.

The number waiting more than a year had fallen 13 per cent when March this year was set against December last year, he said. In all, 1,065,349 people were waiting for treatment last March.

"What remains important to individual patients is the length of time they have to wait for treatment, not how many others are waiting."

Of patients seeking admission, half went into hospital immediately, three-quarters waited no longer than three months and 98 per cent were admitted within a year. The number waiting more than a year had fallen by 9,500 in the first three months of this year.

Mersey region continued to have none waiting longer than a year and six regions had shown significant falls in the number waiting more than a year.

A major improvement in recording waiting times will come into effect next year. Family doctors will, for the first time, note the day they refer patients to a consultant—the so-called queue to join the queue.

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